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ABSTRACT

This practicum was designed to help adolescent mothers understand the cognitive, physical, and emotional development of their children and create appropriate expectations of child development from birth to one year of age. Twenty adolescent mothers attended six classes which covered the development of the young child during the first 12 months of life. Current videotapes, informative materials, slides, and films were used to support workshop presentations. A nutritionist and a home economist also assisted in the 10-month implementation of this practicum. A pre- and posttest were administered to the participants in order to assess the effectiveness of the program. The goals of the program were that 80% of the participants would (1) demonstrate an increase in their knowledge of parenting skills, (2) be able to describe one developmental change for each of the first 12 months of life, and (3) be able to list two safe and stimulating child activities for each of the first 12 months of the infant's life. Seventeen of the 20 participants correctly answered all posttest questions. Appendices include the pre- and post-test, parenting program evaluation survey, outline of the lesson plans, parenting certificate, and handouts used in the class. (Author/BN)

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Implementing Parenting Workshops with SOLVE Adolescent Mothers

by

Doris J. Roundtree

Cluster XVII

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Fort Lauderdale, Florida 33314
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PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier: Juanine Lowery
JUANINE LOWERY

Address: Coordinator, TAPP Program
5603 34th Street West
Bradenton, FL 33507

2-25-87
Date

This practicum report was submitted by Doris J. Roundtree under the direction of the reviewer listed below. It was submitted to the Ed. D. program in Early Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education in Early Childhood at Nova University.

Approved:

Date of Final Approval of Report

GEORGIANNA LOWEN, Ph.D., Reviewer

PS 016603

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Implementing Parenting Workshops with SOLVE Adolescent Mothers

by

Doris J. Roundtree

Cluster XVII

A Practicum Report Presented to the Ed.D. Program
in Early Childhood
In Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova University

1987

ABSTRACT

Implementing Parenting Workshops with SOLVE Adolescent Mothers. Roundtree, Doris J., 1987: Practicum Report, Nova University Ed. D. Program in Early Childhood.
Descriptors: Parenting Skills/Parent Educators/ Parent-Child Relationship/Parent Workshops/Parent Role

This practicum addressed the needs of young, unmarried, pregnant adolescents for information regarding the growth and developmental needs of the young child from birth to 12 months of life.

The three program goals were stated as follows: (1) 80 percent of the participants would demonstrate an increase in their knowledge of parenting skills; (2) 80 percent would be able to list in written form one developmental behavior per month of the child from birth to 12 months; and (3) 80 percent would be able to list two safe and stimulating activities per month of the child from birth to 12 months. Current videotapes, informative materials, slides, and films were utilized to support workshop presentations. Two professionals, a nutritionist and a home economist, assisted in the 10-month implementation of this practicum.

Of the 20 adolescents who participated, 17 successfully mastered all items on the author-designed post-test, which demonstrated that the organization and delivery of the parenting program was a success. (Appendices include the author-designed pre/post-test instrument, parenting program evaluation survey, outline of lesson plans, lesson plans and parenting certificate.)

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CHAPTER I

INTRODUCTION

Description of Community

The Manasota SOLVE House was the setting for this practicum. The agency is a supervised residence where a young pregnant woman can have her baby in security and dignity and find new direction for her life. SOLVE House is governed by a board of directors, and has been in operation since 1983. The SOLVE House concept was founded by Helen Catoret. The staff consists of the following: one live-in houseparent, whose responsibilities were to supervise, transport, and keep the sheltered clients on a routine schedule; and one administrator, whose responsibilities were to develop programs, train and supervise volunteers and staff along with other administrative duties. The agency also employs a master's level psychologist who provided weekly group therapy.

SOLVE Manasota, Inc., which is the official name of the agency, is also governed by a board of 15 members. Their major responsibility is to set policy. The agency began in 1976 as an outreach program for women with distressed pregnancies living in the community. SOLVE House is an outgrowth of the need for housing and care for neglected pregnant adolescents and others in need of a structured, protective environment.

The agency has a capacity for 10 women. A client was allowed to live at SOLVE House until the birth of her child. Thereafter, the mother was not allowed to return with the infant. However, if the infant was placed for adoption, SOLVE would again house the unexpectant client for a period not to exceed one month, while provisions for self-support were in progress. All of the clients housed during the implementation period were white and from low socio-economic backgrounds.

SOLVE is located in Manatee County, a thriving agricultural and tourist center on the west coast of Florida. More specifically, SOLVE House is situated in west Bradenton, a city of more than 33,920 residents. The facility, a two-story brick house, is a former family residence with a private apartment for the houseparent. The house sits adjacent to its administrative offices, located in an older, well-kept neighborhood near downtown Bradenton. Public transportation made easy access to shopping areas, schools, physicians' offices, clinics, and recreation facilities. The agency owned a vehicle that provided needed transportation.

Author's Work Setting and Role

Over a period of nine years, the author has worked as an elementary and junior high guidance counselor, a fourth and fifth grade Chapter I (Compensatory Education) teacher, and presently instructs second grade children in Sarasota County public schools. The author is also the mother of two sons, seven and five years of age.

As a Parent Resource Volunteer for SOLVE House, the author assumed the following responsibilities:

1. Coordinated parenting workshops.
2. Taught parenting courses.
3. Coordinated resource consultants to assist in parenting implementation.
4. Worked with the agency's staff in attainment of these responsibilities.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

SOLVE Manasota, Inc., is an organization whose major purpose is to provide a structured and protective environment for neglected pregnant women. Although it lends shelter and assistance, it does not provide parenting education to these women who have chosen early parenthood as a result of unplanned pregnancies.

Therefore, these young expectant mothers are basically unaware of the needs of young infants or how to effectively address these concerns.

Levering (1983) notes that teenagers' babies face intellectual and social problems. They tend to have lower intelligence scores and slower development, factors largely attributable to the social and economic insecurities of the teen mother.

Coates and Lewis (1984) report that early in life two factors may influence the child's development of cognitive and school skills: (1) the home environment to which the child is exposed, and (2) the developmental status of the child.

Powell (1986) reports that studies of parent education programs have found strong short-term effects on children.

These programs have been found to increase infant responsiveness to parent behavior and to increase children's school performance.

Because there were no free or ongoing parenting courses available to these pregnant adolescents, the writer contended that the services provided by the implementation of this project would have positive lasting effects.

Stevens (1984) concluded that what parents know about children's development is positively related to their skill in designing a supportive learning environment and to their ability to interact in ways that stimulate a young child's development.

In an earlier investigation, Stevens (1978) reports that parent education programs had significant effects in a number of areas including maternal teaching style and attitude, and in children's intelligence, language development, and exploratory behavior.

The existing problem, then, was that the pregnant adolescents temporarily housed at the SOLVE agency lacked the skills, attitudes, and understanding necessary for effective parenting.

Problem Documentation

LaMaze is considered an excellent prenatal program for expectant mothers. The clients at the SOLVE House had been involved in LaMaze training to help equip them with prenatal information, exercise, and conditioning concerning nutritional and other health needs of both the mother and unborn child. LaMaze classes had been an integral part of the various activities of the adolescent clients for the past year.

However, according to SOLVE's administrator, the need for parenting courses for adolescent mothers was crucial. (See Appendix A.) This assessment was based on two factors observed over a period of six months. First, adolescent mothers at SOLVE appeared in many cases to be victims of poor parenting backgrounds; second, adolescent mothers possessed limited educational knowledge and skills about the needs of infants and young children. They appeared to have no realistic concept of parenting and the demands that parenthood would place on them.

The staff at SOLVE reported that adolescent mothers continued to maintain close contact with the agency for support and guidance related to child rearing and care of young infants during the first few months following the birth of their babies.

Causative Analysis

There were several probable causes of the problems of early parenthood which led to inexperienced adolescent mothers. According to the administrator, prior to coming to SOLVE House, the adolescents were immature, undisciplined, and unstructured in their day-to-day activities.

Levering (1983) concludes that shifting societal attitudes, peer pressure, and the psychology of the teenager herself are three significant forces contributing to the climate in which a young girl is likely to become pregnant. She further notes that young girls experiencing a first pregnancy are likely to have poor relationships with their families.

Many adolescents lacking role models and family ties apparently seek to become pregnant as a solution to their problems. Well established lines of communication between adolescents and their parents concerning sexuality is important.

Gardner (1982) cites that while contraception is a concern of both males and females, it is the female who must bear the primary consequence of a failure to practice birth control.

Burden and Klerman (1984) report that the incidence of teenage pregnancy appears to be directly related to the increase of female-headed, single-parent families in this country and thus is related to the increasing incidence of poverty among female-headed families, both black and white.

Resnick (1984) reveals that about one-quarter of all pregnant teens intend to become pregnant. Of the rest, less than one in five uses contraception, and many others believe that they cannot become pregnant.

According to a study conducted by Zabin et al. (1984) of relationships between sexual attitudes and behavior among adolescents, they found that 83 percent of sexually experienced adolescents believed that a best age for first intercourse was older than the age at which they themselves experienced that event.

They further stated that "the majority of young people already have values and attitudes consistent with responsible sexual conduct, but not all of them are able to translate these attitudes into personal behavior."

A recent report of the Fiscal Year 1987 Federal Budget by the Children's Defense Fund (1986) cites that while many school districts offer some instruction on physiology, pregnancy, and childbirth, few offer students an opportunity to get this information before they become sexually active and in a context that strengthens their decision-making skills. Only two states--Maryland and New Jersey--and the District of Columbia now require that school districts offer life planning/sex education programs.

In light of these findings, it appeared that there were a combination of causal factors related to the problems faced by the choice of early parenthood.

The Related Literature

Parents are the first people to interact continuously with the newborn infant. Therefore, the first images and perceptions of the newborn's world are introduced by the models presented by the parents.

If these models are positive, then the infant may glean that his world is safe and secure. However, if there is constant confusion and negative experience, the infant may appear frightened and insecure.

Swick and Duff (1979) report that during infancy and the very early years, parents have opportunities to help young children begin the development of their basic human capacities. Children learn to talk and develop language facility only when they have people to converse with, to think with, and to follow as models.

Anastasiow et al. (1982) report that development is a product of biological genetic capacity, with strong stage/age push. Development is enhanced by persons and environments that enable the genetic push to play itself out and provide the experiences necessary for learning. For example, a child who hears no spoken language will not learn to speak.

Parenting is a responsibility that requires planning if it is to be productive and positive. Gullen (1982) concludes that a child who has well-modeled values and goals is more apt to be a responsible and happy child, confident that he can succeed in daily life.

Lamb (1977) cites that children are more likely to identify with warm, nurturant fathers and mothers than with hostile, distant, or rejecting parents.

Due to negligence by the fathers of the unborn children, the young adolescent mothers at SOLVE House had to set single-parent models for their babies.

Smith (1982) reports that there is a growing body of evidence to suggest that the father's role in parenting is complementary rather than identical to that of the mother.

In a more recent study, Lamb (1981) states that a higher level of paternal involvement in child rearing is associated with benefits for children, especially sons, in the areas of intellectual growth, school performance, social development, self-esteem, and sex-role identity.

Studies by Gerhenson (1983) of fatherhood in families with white adolescent mothers indicate that the biological father terminates his paternal obligation either during or shortly after the birth of the infant, leaving paternal responsibility to the current boyfriend or husband (not the biological father) and the mother's own father or stepfather.

Kisker (1985) concluded that there may be a need to educate male teenagers about their responsibilities and to strengthen sanctions against young fathers who decline financial or personal involvement with their offspring.

Blancard and Biller (1971) and Hoffman (1971) found that children with fathers who neglect their psychological needs appear to share similar negative effects to children whose fathers are physically absent.

Parenting programs can provide new as well as experienced mothers and fathers opportunities to learn more effective ways of interacting with their children.

Recent studies show that maternal instinct does not happen at birth, but that the pattern for mothering must be learned. Moreno (1981) states that seeking information does not mean you are incompetent, rather, it shows that you are committed to becoming a more effective parent.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Statement of General Goals

This practicum was designed to help adolescent mothers understand the cognitive, physical and emotional development of their children and what to expect of a child at various stages from birth to one year of age. A successful practicum would indicate that the adolescent mothers involved in the parenting workshops developed skills, attitudes, and understanding necessary for effective parenting of their unborn children.

Behavioral Expectations

The following goals were projected for this practicum:

1. At the completion of each six-week parenting session adolescent parents would show an increase in the skills necessary to effectively care for a young child as evidenced by 80% on the author-designed pre/post-test.

2. At least 80% of the total participants would be able to list, in written form, one developmental behavior per month of the child from birth to 12 months.

3. At least 80% of the total participants would be able to list, in written form, two safe and stimulating activities per month for a growing child from birth to 12 months.

Evaluation Instruments

There were two evaluation instruments used to assess the effectiveness of this project--an author-designed pre/post-test and the program evaluation instrument. The former was designed to measure how well the participants mastered the skills stated in the objectives, and the latter, to determine the success of the overall program.

The first is an author-designed pre/post-test. (See Appendix B.) It consists of 25 developmental characteristics highlighting various aspects of the young child's emotional, social, intellectual, language, and physical growth and development behaviors. Each lettered statement on the left side of the instrument is composed of a one-word to six-word statement which was designed to keep reading at a minimum level while maximizing comprehension. The responses on the right side are succinctly written so that they can also be easily understood.

The second, the evaluation instrument, is a parenting program survey. (See Appendix C.) It is divided into four equal components and consists of 20 items with five evaluative items listed under each of the four sections (parenting skills, program materials, parent resource volunteer, and workshop organization). Respondents of this survey were asked to select from five choices. They were listed in descending order from one to five (strongly disagree, disagree, neutral, agree, and strongly agree).

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

In a review of findings of selected studies of parent programs, Powell (1986) reported that there is no convincing evidence that one particular program is significantly more effective than another. He added that a program that works well with a suburban career mother is unlikely to be effective with a teenage mother in a rural area or a single-parent father in a large city.

Wright et al. (1980) conducted a pilot parenting project which was designed to help prevent child abuse and neglect. He stated that sessions were more successful if they focused on one target group with an hour limit, something to eat, handouts for the participants, and a question-and-answer period at the end of each session.

Project Best Pal (1983), a Brevard Community College Parenting Module, suggested that at the end of each class session, evaluation forms should be used to determine the effectiveness of the program on a continuous basis.

James and Etheridge (1978) provided training for parents in child rearing. They concluded that to be effective, the program's material should be written at a level that the audience can easily comprehend. They further noted that parents should be actively involved in an eight- to ten-week program, and suggested that after each meeting parents should have something to take home, think about, try, and bring back to the next meeting.

SOLVE's administrator had previously attempted two strategies in an attempt to address parenting for adolescent clients. The first idea was to have adolescent mothers work directly with infants in a day care setting. However, due to liability insurance, this strategy had to be terminated.

Second, SOLVE hoped to utilize women with young infants and children to serve as role models working on a one-to-one basis to teach parenting skills to the adolescent mothers. Again, this proved unsuccessful due to the availability of these young mothers on a consistent basis.

Description of Selected Solutions

In selecting a solution strategy, the author realized that the adolescents would benefit from a program tailored to their specific needs. Therefore, the solution the writer chose consisted of a highly structured, group-based parenting program.

The program was implemented in six six-week sessions, with each workshop lasting approximately one to one and one-half hours. The workshops were held on Thursday evenings from 7:00 to approximately 8:30, depending on the amount of material to be covered.

Each workshop followed a schedule of the specified time allotted for the hour. The initial sessions began with a greeting period succeeded by a 25-item pre-test of the material to be learned in the six-week period.

Lesson plans were developed for each of the six-week sessions. (See Appendix D.) All lessons were written at a level that could be easily understood.

Ten minutes were devoted to sharing and review of assignments. Content was covered in 35 minutes. The author then presented the material to be learned. Handouts were distributed and discussed, and audio-visual aids, where applicable, were introduced during that time.

Each session concluded with a 15-minute interaction time which was designed for questions and answers. Participants also had an opportunity to share concerns and interests related to parenting. Assignments for the next meeting concluded the workshop. (See Appendix E.)

The author secured the following professionals to assist in the implementation of this project: a consultant from the local home extension agency who demonstrated and discussed simple and inexpensive toys that could be made to stimulate visual and motor development of infants and children at various stages of development; and a local nutritionist who provided information concerning the importance of proper nutrition for a healthy baby. Due to scheduling difficulties, the school psychologist was not utilized in the implementation of this program.

The author had these consultants visit during the first six-week session. During that time they were videotaped. Although the two consultants were videotaped during their initial presentation, they chose to continue to assist this author throughout the 10-month implementation period.

Report of Action Taken

The action taken to implement this solution strategy meticulously follows the proposed calendar and timeline for this project. Relevant changes at the outreach agency during the end of the period of implementation necessitated a minor degree of modification. However, these occurrences did not interfere with the plans for this project, rather, they provided for a more creative solution to the termination of this project.

In March of 1986 the author requested permission to implement the practicum at SOLVE. The agency requested the following preliminary data: letters of reference, application for volunteer service, and abuse screening information. Upon approval of this screening, the author was granted permission to begin parenting workshops. Subsequently, letters were sent to each consultant to secure his/her assistance. (See Appendices F, G and H.)

The initial meeting was held in late April to establish rapport with the clients. The first class was scheduled for the following week on Thursday evening. The girls were friendly and enthusiastic about being able to learn how to become smart parents. The administrator was encouraging and noted that she had not seen the girls so overjoyed by anything prior to the implementation of the parenting workshops.

In May of 1986 the first workshops were conducted. There were eight participants present: six clients, the houseparent and a foster home parent to one of the adolescent participants. Each of the six class sessions was very structured, as mentioned earlier in this chapter, and followed a routine pattern which aided in keeping the workshops within the one-hour time limit.

Prior to the beginning of each workshop, the participants signed an attendance record (see Appendix I). The author also signed an attendance record which the houseparent verified at the close of each workshop (Appendix J).

During the second class session there were 10 participants, six in-house SOLVE clients, and two former SOLVE clients who had heard of the classes and wanted to participate. These young women were encouraged to take part in the discussion because they could share their experiences of being new mothers with the parenting group. Moreover, the houseparent and the foster parent in attendance were instrumental in sharing their experiences of parenting which led to a richer discussion of parenting practices.

Note-taking was considered mandatory and participants were encouraged to have paper and pencil for the workshops. Homework was assigned at the end of every lesson. While the majority of the girls relished the idea of homework and appeared to find it quite interesting because it related to their immediate condition, a few complained, but they generally followed through on the assignments. It was clear from the behavior of some of the clients that they had a difficult time assuming responsibility for themselves and their unborn child.

A program consisted of six workshops. The author instructed the first three, the nutritionist facilitated the fourth, and the home economist the fifth. The sixth session concluded with a brief review of the previous lessons, the administration of the post-test, the evaluation of the program, and an informal social with refreshments. During this time, "Sleep 'n Play" infant wear purchased at a discounted price through an agreement with the manager of the children's department at a local department store, and an author-designed SOLVE Parenting Certificate, were presented to the clients. (See Appendix K.)

During the fourth and fifth workshops, participants were given notes highlighting the important developmental behaviors of the child, and homework was assigned. However, there was limited discussion of this material because of the time constraint allowed for the consultants' presentations. The nutritionist provided many helpful handouts for the girls concerning proper prenatal nutrition to assist them in assessing their dietary habits during pregnancy. (See Appendix L.) The home economist stressed the importance of play and demonstrated how the girls could make inexpensive toys for the growing baby and toddler. (See Appendices M and N.)

The first program ended on June 5, 1986, and the second program began June 12, 1986. There were four participants in the second program. A few of the clients from the first program remained at the facility during the beginning of the second program because they had not delivered. Although they did not participate, they provided a necessary incentive for the new girls enrolled in the parenting workshops.

The second program went as smoothly as the first, and ended after six sessions on July 17, 1986. By that time several clients from the first program had become new parents for the first time. Prior to the beginning of the third program which had three participants, the author learned that SOLVE had released its administrator. Therefore, weekly contact was maintained with the houseparent. Working without an administrator, the third program started on August 1, 1986. It was two weeks behind the anticipated schedule due to delays in the referral process of new clients to the SOLVE agency. However, once the workshops began, they followed the same outline and calendar of events as did the two previous programs.

Prior to the beginning of program four, still more changes occurred. SOLVE's houseparent shifted from a permanent position to a temporary substitute status. A new houseparent was hired, and later a new administrator was named. The author began to maintain contact with the new staff, however, these individuals did not appear to understand the value of the parenting program as did the original administrator and houseparent. There were three participants enrolled in the fourth parenting workshop which began on September 4, 1986, and was completed October 9, 1986.

The fifth parenting program, which began October 16, 1986, and ended November 20, 1986, and the sixth program, which started December 1, 1986, and terminated December 18, 1986, showed signs of slowing of referrals from the local schools and outside agencies. Both programs had two enrolled participants. However, the same degree of instruction was delivered to these clients, except in the case of one of the participants enrolled in the sixth program who evidenced signs of mild mental retardation. It was clear from the initial pre-test that a different approach would have to be instituted in order to address the needs of this particular client.

Instruction was provided at a slower pace and examples of almost every notation cited was expounded upon to the point of role playing to give this expectant mother an opportunity to comprehend the material covered. Based on the author's professional training as a counselor and test examiner, it was questionable whether this expectant mother was mentally capable of providing for the needs of herself or her infant. This assessment was based on the behaviors of the participant during the sixth workshop. It was also necessary to revise the pre/post-test to meet her needs. (See Appendix O.) During both testing periods, the items were slowly read to her by this examiner.

By the end of the sixth parenting program, on December 18, 1986, SOLVE's administrator indicated that there were no new applicants to the parenting program. The author and former houseparent decided that an appropriate solution to this dilemma would be to conduct follow-up parenting sessions with the mothers and babies of the previous parenting workshops. In this way the mothers would have an opportunity to be re-united with their former roommates and to share and discuss their experiences as parents.

The author coordinated this follow-up project and continued to utilize the consultants as resource volunteers. A new program schedule was developed which served as a culminating activity for the previous six parenting programs.

(See Appendix P.) These sessions were held at the home of the former houseparent as it was set policy at the SOLVE agency to release its obligations to the clients after the birth of the child. These sessions involved the former SOLVE participants and their babies. The first follow-up class began on January 15, 1987, from 7:00 p.m. until 8:00 p.m., and the last class ended on February 12, 1987, shortly after 8:00 p.m.

Eight of the original 20 SOLVE parenting clients were able to be located for the follow-up program. Several of the girls had been transients from the North and Midwest and had returned to their hometowns due to economic difficulties. Others had moved back to their parents in adjacent towns and did not have transportation to the follow-up location, and still others were unable to be located because they did not have a definite forwarding address or telephone number where they could be reached.

There were five consecutive meetings held with the mothers and babies. The babies ranged in age from seven months to one month. The sessions were informal which made it easier for the mothers to attend to their babies. For example, some hungry babies needed to be breast-fed, others were diapered, and a few needed to be soothed for crankiness during these sessions.

Session one's theme centered around care for the young child. Each participant was provided a handout of tips for the care of the young child. (See Appendix Q.) A discussion followed with the participants citing various experiences concerning how they had handled a specific parental situation. For example, one of the most popular occurrences involved the proper handling of a baby experiencing colic, a painful condition characterized by abdominal pain and crying which is noticed in most infants during the first three to six months of life.

On January 22, 1987, the second session was facilitated by the nutritionist who discussed proper feeding for the baby from birth to seven months of life. (See Appendix R.) One of the participants had introduced her baby to low fat milk without a doctor's approval, but after hearing the facts about the proper nutrients her baby would lack if allowed to continue on this diet, she was convinced that the baby should be put on formula again. Therefore, this session was helpful in assisting these young mothers to think more carefully about their actions concerning the nutritional needs of their babies.

The third session continued on January 29, 1987. It was facilitated by the home economist. She demonstrated how to make an inexpensive train toy from egg cartons. Each participant took turns making a train for her baby with the materials that were provided. A discussion of the importance of play behavior in the child's development concluded the activity.

Session four began on February 5, 1987. The theme was Safety and the Child. The houseparent and author reviewed some of the safety tips from a previous handout distributed during the parenting workshop. (See Appendix S.) Later, participants shared their own ideas and experiences regarding how they had applied the safety tips in their own homes to ensure a safe environment for their growing babies.

The fifth and final session was held on February 12, 1987. The theme was The Needs of the Growing Child. The session centered around an informal discussion of how each mother had responded to a particular need of her baby. This discussion was followed by a half-hour video on the importance of play in stimulating the child's intellectual, social, and physical growth and development. The session concluded with a 30-minute social, and a brief awards presentation to those who had helped to make this practicum a success. (See Appendix T.)

CHAPTER V

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Results

This practicum impacted on the lives of 20 adolescent women and, consequently, on the lives of their young babies over a period of 10 months.

Of the 20 adolescent participants evaluated, 17 were able to successfully master all items on the author-designed post-test; three did not take the post-test because they moved to another location within the city or left the local area or state during their six-week program; and another participant passed a revised version of the 25-item test which was designed to meet her specific needs as mentioned earlier in Chapter IV of this report. It was projected in the first terminal objective that at least 80 percent of the participants would show an increase in the skills necessary to effectively care for a young child. This goal was met.

The second goal focused on recognition of the growth of the young infant. It was projected that at least 80 percent of the participants would be able to list, in written form, one developmental behavior per month of the child from birth to 12 months of life. This objective was easy for the girls because the Cradle Crier, an informative newsletter and factsheet which highlights the developmental stages of the child from birth to 12 months, was given to each adolescent to assist in this preparation. (See Appendix U.) Again, 17 girls mastered this task. Therefore, this goal was met.

The third goal projected that at least 80 percent of the total participants would be able to list, in written form, two safe and stimulating activities per month for a growing child from birth to 12 months. This goal was met due to two primary reasons. First, the information contained in the homework for this assignment tended to overlap with the previously stated objective. Second, the participants were provided with many notes, examples of real occurrences involving carelessness in child safety, and other information regarding baby-proofing a baby's environment.

Successes of this program are noted when viewing gains made by the 17 participants on the evaluation instrument. Gains were made by all participants on the post-test with the highest being 14 points. (See Appendix V.) An analysis of test data indicates that the participants had the most difficulty in the following areas: (1) determining the final period of personality development in the young child; (2) being aware of the need for a constant and secure home life which affects social development; (3) choosing the crucial period of visual development; (4) identifying behaviors most characteristic of babies during the seventh and eighth months such as pulling up against furniture, and the baby's acknowledgement of self in the mirror; (5) defining attachment behavior; and (6) demonstrating recognition of reflexes in the newborn, such as rooting, sucking, and grasping. Further success is demonstrated by an analysis of the parenting program evaluation instrument which indicates that in the first component area, Parenting Skills, questions four and five received the highest remarks. (See Appendix W.) The clients strongly agreed that as a result of the workshops, they had a better understanding of how to provide safety precautions for their baby, and they were better able to stimulate the baby's intellectual, physical, language, and emotional development. Contrarily, regarding question number three, the respondents did not feel that they were more confident in their parenting abilities. This is an understandable outcome due to the fact that the girls were experiencing a first pregnancy.

In the second component, Program Materials, question ten received the highest number of positive responses. The participants maintained that the materials used in the parenting program provided meaningful and relevant information. However, they believed that the materials were not always easy to understand, thus, question six was an area in which improvements were needed.

The Parent Resource component was the third evaluative area. Respondents strongly agreed with question 12 that the program was presented in a clear and understandable manner, and question 13, that there was a high degree of enthusiasm exhibited. In contrast, they desired more of a variety of materials, which directly addresses question 14.

The final component area was Workshop Organization. In reference to question 18, respondents strongly agreed that consultants were used effectively. Relative to question 19, respondents were comfortable with the amount of time they had to interact with the instructor and other group participants. However, in response to question 16 they were uncomfortable with the amount of class time specified to cover the program's material. Modifications were made in this area toward the middle of the parenting program which dictated the new time for this program from one hour to one and one-half hours.

Strengths of the parenting program most identified by participants, then, include information pertaining to safety, developmental stages of the child from birth to 12 months, use of consultants, and the program's relevancy and its delivery.

The weaknesses of the program most commonly identified were utilization of more variety in presentation of materials, the amount of time for implementing the workshops, matching the program's materials with the intellectual levels of the recipient, and instilling a sense of confidence in expectant mothers.

Conclusions

The success of this project had much to do with the fact that it was very structured and followed a consistent plan each week. The consultants' presentations provided an essential bond which was necessary in bringing expertise to the existing components of the parenting program, and the audio-visuals utilized in the program were current and very helpful in their depiction of materials covered. (See Appendix X.)

It is the hope of this author that the young adolescent women affected by this practicum experience gained a wealth of knowledge from its implementation. Although some of the young women had found stability--not only for themselves, but for their offspring--it was apparent that others continued to lack the necessary direction needed in their lives which, for the most part, contributed to the conditions in which they found themselves less than 12 months ago--pregnant and unmarried.

According to a study completed by Demographic Statisticians O'Connell and Rogers (1984), among single women who had a baby at ages 18 and 19, 24 percent married within one year of birth, and 44 percent married within three years. They noted that nearly 27 percent of white women married within one year of their first out-of-wedlock birth and within three years, 53 percent did so. The extensive study further concluded that women who have had an out-of-wedlock birth are more likely than those who have not to experience a marital disruption.

The author contends that many of these young adolescent women would possibly have been spared their circumstances had they received the proper education needed to curb pregnancy in the teen years. According to a recent report (Education Study, 1986), an American teenager gives birth to a baby about every two minutes. It goes on to add that the country needs programs pushing "diligent contraceptive use" and education to decrease pregnancy and abortion among youth.

In a brief, intimate discussion with several participants, they stated that they were not using any type of birth control while breastfeeding their babies. They added that they were not sexually active because their babies' fathers were no longer around.

The babies of these young women have become additional statistics in the rapidly growing number of illegitimate births. Kilpatrick (1986) reports that in the past 20 years, illegitimate births, as a percentage of all births, have increased by more than 450 percent. In this period, the rate of illegitimacy has increased among whites from 1.7 to 10 percent, among non-white from 16.8 to 48.5 percent.

A final observation is that though these young women have met with undesirable circumstances, they must not be made to carry the burden of their conditions alone. The author contends that parents must continue to try to provide the kind of home environment conducive to a more favorable rearing of both male and female youngsters. A study (Adolescence, 1986) reported that in a recent poll, 37 percent of teenage respondents said that the major fault of today's parents is their leniency. Almost one-fourth cited neglect as another major child-rearing flaw.

The implications of these statistics indicate that the young women of SOLVE will continue to experience the harsh realities of parenting due to a combination of negligent factors in society in general, and more specifically, due to the failure to practice methods to prevent pregnancy in their daily lifestyles. Although birth control was not discussed in these workshops because of the strong Catholic pro-life policy at SOLVE, the author did provide a handout with current benefits, risks, side effects and disadvantages of various family planning methods. (See Appendix Y.)

The final phase of this 10-month implementation project involved former SOLVE mothers and their babies. It was clear to this author from the informal observations, and communications including praise from the parents of some of the participants during the five-week follow-up sessions, that the parenting program had made unquestionable impact in the lives of these young women.

Recommendations

1. Those desiring to replicate this practicum would find it helpful to select an agency with a strong commitment to a parenting program.

2. The agency should allow for male participation in the parenting program. Ideally, the male would be the father of the unborn child.

3. Family planning methods should be incorporated within the parenting components.

4. The agency should provide all of the audio-visual materials needed to implement the program.

5. Attendance, participation, and homework should be mandatory before awarding a certificate of completion.

6. The workshops should be offered in eight to ten weeks to provide for consultants and sufficient time to cover all of the parenting materials.

7. The program should be at least one and one-half hours in length.

Dissemination

Parenting workshops will continue at the SOLVE House due to a commitment by the new administrator for such a program. However, the author has made more global arrangements to ensure that parenting classes are offered at a local health clinic in an effort to reach a greater number of expectant mothers in this county.

Plans are presently under way for the home economist to implement a parenting program at the health facility. The author will serve as a consultant to assist this professional as needed in the area of child growth and development.

Additionally, the author hopes to share this information with several influential local officials in the area of health care in an effort to solicit their support and assistance regarding the growing social issue of adolescents and unplanned pregnancy.

The information contained in this report may be useful to others desiring to undertake a similar parenting program in order to assist young adolescents to become more effective parents.

In a newspaper article (November 1986) the author cited the need for more parenting programs in the county. (See Appendix Z.)

Upon approval of this practicum, abstracts will be forwarded to each member of Cluster XVII as a form of dissemination.

REFERENCES

Adolescence Becoming the "Minefield" of Life. (1986, December 14). The Bradenton Herald, p. 3.

Anastasiow, N. J., Hanes, M. L., & Hanes, M. L. (1982). Language and Reading Strategies for Poverty Children. University Park Press, 1-12.

Blancard, R. W., & Biller, H. B. (1971). Father Availability and Academic Performance Among Third Grade Boys. Developmental Psychology, 4, 301-305.

Burden, D. S., Klerman, L. V. (1984). Teenage Parenthood: Factors that Lessen Economic Dependence. Social Work, 29, 11-15.

Coates, D. L., & Lewis, M. (1984). Early Mother-Infant Cognitive Status as Predictors of School Performance and Cognitive Behavior in Six-Year-Olds. Child Development, 55, 1219-1230.

Edelman, M., Lampl, P., Weill, J. D. et al. (1986). Children's Defense Budget: An Analysis of the Fiscal Year 1987 Federal Budget and Children. Goodway Graphics, Inc., 29-51.

Education Needed to Curb Pregnancy in Teens--Study. (1986, December 10). The Bradenton Herald, pp. 1, 3.

Gardner, H. (1982). Developmental Psychology. Boston: Little Brown & Co., Inc., 558.

Gerhenson, H. P. (1983). Redefining Fatherhood in Families with White Adolescent Mothers. Journal of Marriage and the Family, 45, 591-593.

Gullen, M. (1982). Tips for Parents. Demonstration Reading Programs. (ERIC Document Reproduction Service No. ED 242 395.

Hoffman, L. M. (1971). Father Absence and Conscience Development. Developmental Psychology, 4, 400-406.

James, R., & Etheridge, G. (1978). Training for Inner City Parents in Child Rearing: Why Fried Chicken Franchises for Parents Don't Work. Tennessee: (ERIC Document Reproduction Service No. 197 004).

Kilpatrick, J. J. (1986, December 7). Do School Birth Control Clinics Promote Promiscuity? The Bradenton Herald, p. 5.

Kisker, E. E. (1985, March/April). Teenagers Talk About Sex, Pregnancy and Contraception. Family Planning Perspectives, 17(2), 83-90.

Lamb, M. E. (1977). Effective Parenting in Contemporary America: Some Cautions and Some Prescriptions. Louisiana: (ERIC Document Reproduction Service No. ED 143 450).

Lamb, M. E. (ed.) (1981). The Role of the Father in Child Development. New York: Wiley, 59.

Levering, C. (1983). Teenage Pregnancy and Parenthood. Childhood Education, 59, 182-185.

Moreno, S. (1981). Parenting for Parents: Books 1-3. California: (ERIC Document Reproduction Service No. ED 227 927).

O'Connell, M., & Rogers, C. C. (1984, January/February). Out-of-Wedlock Births, Premarital Pregnancies and Their Effect on Family Formation and Dissolution. Family Planning Perspectives, 16(1), 157-162.

Powell, D. R. (1986). Parent Education and Support Programs. Young Children, 41(3), 47-52.

Project Best Pal. (1983). Basic Education Skills Through Parenting Affective Learning. Florida: (ERIC Document Reproduction Service No. 243 563).

Resnick, M. D. (1984). Studying Adolescent Mothers' Decision Making About Adoption and Parenting. Social Work, 29, 11-14.

Schickedanz, J. A., Schickedanz, D. I., & Forsyth, P. D. (1982). Toward Understanding Children. Boston: Little, Brown & Co., Inc., 209-211.

Smith, I. (1982). The Parent as Informal Teacher. Unit for Child Studies. Australia: (ERIC Document Reproduction Service No. 250 089.

Stevens, J. H. (1978). Parent Education Programs: What Determines Effectiveness? Young Children, 33(4), 59-65.

Stevens, J. H. (1984). Child Development Knowledge and Parenting Skills. Family Relations, 33, 237-244.

Swick, K. J., & Duff, R. E. (1979). What Research Says to the Teacher: Parenting. (ERIC Document Reproduction Service No. 164 130).

Williams, C. S. (1986, November 21). Doris Roundtree: A Woman of Diversity. The Bulletin, pp. 1, 15.

Wright, E. N., and others. (1980). An Evaluation of the Church Street Pilot Project in Parenting. Ontario: (ERIC Document Reproduction Service No. ED 209 271).

Zabin, L. S., Hirsch, M. B., Smith, E. A., & Hardy, J. B. (1984, January/February). Adolescent Sexual Attitudes and Behavior: Are they Consistent? Family Planning Perspectives, 16(1), 181-185.

APPENDIX A

DECLARATION OF PROBLEM STATEMENT

Because the residents of SOLVE House come from fragmented families, have received poor parenting, and are immature (they are children themselves), we feel the definite need for a parenting class.

5-13-86
Program Coordinator
SOLVE Manasota Incorporated

APPENDIX B

AUTHOR-DESIGNED PRE/POST-TEST

Match the letter and statement on the left with the correct response on the right.

A. Gag reflex

B. Smiling

C. Reflexes

D. Visual development

E. "Brain growth spurt"

F. Attachment

G. "Baby proofing"

H. Peek-a-Boo

I. SIDS

J. Immunizations

___ Sudden Infant Death Syndrome.

___ A social game.

___ Keeps infants from falling, or ingesting poison or small objects.

___ Last 3 months of prenatal development, and the first 3 months of infancy.

___ Occurs more rapidly 6 weeks to 3½ months of age.

___ One of the first social skills.

___ Caused by mucus in the airways of the throat.

___ Rooting, sucking and grasping.

K. Cooing

L. Turns over from back to tummy

M. Babbling

N. Ways to sooth baby

O. Stress

P. Occurs during the seventh month

Q. Occurs during the eighth month

R. Object permanence

S. Strangers frighten me

T. Careful toy selection and proper supervision

___ Emotional relationship between a child and other human beings.

___ Baby enjoys watching image in mirror.

___ Baby may stand up by pulling on furniture.

___ Steady monotonous sounds, light, and temperature.

___ Teething, indigestion, and sunburn are physical causes.

___ Non-crying vowel sounds.

___ Occurs around 4 months--a grasp involving only the index finger and thumb.

___ A way for baby to practice speech sounds.

___ Given at about 2, 4, 6 months, and 1 year.

U. Social Development

V. Baby's personality

W. Crawling

X. Apnea

Y. Pincer grasp

___ Developed by end of first year.

___ When a baby learns that out-of-sight objects exist.

___ A sign of the baby's emotional changes.

___ Two ways to protect the baby from a toy-related injury.

___ Insecure and constant changes in baby's home life may affect this.

___ A period during which breathing stops.

___ One of the first motor skills occurring around 8 months.

___ Hands may become stuck underneath baby while performing this motor skill.

APPENDIX C

SOLVE PARENTING PROGRAM EVALUATION

Please give your opinion of this program. Circle the number that best represents how you feel about each statement.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Parenting Skills

1.	I have a better understanding of the needs of an infant.	1	2	3	4	5
2.	I learned how to properly feed and care for my baby.	1	2	3	4	5
3.	I am more confident in my parenting abilities.	1	2	3	4	5
4.	I understand how to provide safety precautions for my baby.	1	2	3	4	5
5.	I will be better able to stimulate my baby's intellectual, physical, language, and emotional growth and development.	1	2	3	4	5

Program Materials

6. Were easy to understand. 1 2 3 4 5

7. Emphasized important topics. 1 2 3 4 5

8. Had plenty of variety. 1 2 3 4 5

9. Gave me specific activities with which to stimulate my baby. 1 2 3 4 5

10. Provided meaningful and relevant information. 1 2 3 4 5

Parent Resource Volunteer

11. Made me feel welcome. 1 2 3 4 5

12. Communicated clearly. 1 2 3 4 5

13. Was enthusiastic. 1 2 3 4 5

14. Used a variety of activities. 1 2 3 4 5

15. Was supportive of my concerns and interests. 1 2 3 4 5

Workshop Organization

16. There was sufficient class time to cover the material. 1 2 3 4 5

17.	Each session lasted about the right amount of time.	1	2	3	4	5
18.	Consultants were used effectively.	1	2	3	4	5
19.	There was adequate opportunity to interact with the instructor and participants.	1	2	3	4	5
20.	The class time was used efficiently.	1	2	3	4	5

APPENDIX D

WEEKLY LESSON PLANS OUTLINE

Week One — Session #1

- Present introduction and statement of objectives.
- Administer pre-test.
- Introduce vocabulary list.
- Discuss the neonate.
- View videotape "Falling in Love with Your Baby--the Importance of Touch."
- Present Assignment #1.

Week Two — Session #2

- Review assignment.
- State objectives.
- Discuss months two and three.
- View videotape "Tender Loving Care -- Parenting the Newborn."
- Discuss handouts.
- Present Assignment #2.

Week Three — Session #3

- Review assignment.
- State objectives.
- Discuss months four, five and six.
- View slide presentation: "Smoking and Pregnancy."

- Discuss handouts.
- Present Assignment #3.

Week Four Session #4

- Distribute handouts covering months seven, eight and nine.*
- Distribute Assignment #4.
- State objectives.
- Introduce consultant.
- View slide presentation: "Inside My Mom--Nutrition during Pregnancy."
- Discuss nutrition and answer questions.

Week Five Session #5

- Distribute handouts covering months 10, 11, and 12.*
- Distribute Assignment #5.
- State objectives.
- Introduce consultant.
- Consultant discusses/demonstrates making of toys.
- Discuss presentation and answer questions.

*Note: Due to scheduling of consultants in Sessions 4 and 5, no formal time slot was set aside for discussion of months seven through twelve, however, questions were answered at the end of the consultants' presentations.

Week Six   Session #6

- Summarize previous lessons, assignments, and materials.
- Administer post-test.
- Award certificates of completion and gifts.
- Serve refreshments.
- Evaluate workshops.

APPENDIX E

LESSON PLANS
SESSIONS ONE THROUGH SIX

LESSON PLAN

Session #1

Greeting (5 min.)	This time will be used to get acquainted with participants.
Pre-test (5 min.)	Participants will be given a brief test to determine their knowledge concerning child growth and development.
Content (35 min.)	Objectives: to introduce vocabulary words and discuss the neonatal period.
Interaction Time (15 min.)	Participants will have a chance to ask questions and/or share concerns.
Handouts:	Cradle Crier: an informative newsletter about the behavior of the infant during month one. Vocabulary list.
Assignment:	List, in written form, two safe and stimulating activities and one developmental behavior of the neonate.

LESSON PLAN

Session #2

Sharing (10 min.)	Each participant will be able to discuss at least two safe and stimulating activities and one developmental behavior of the neonate.
Content (35 min.)	Objective: to discuss the development of the infant at two and three months.
Part 1 (15 min.)	Filmstrip.
Part 2 (20 min.)	Discuss the infant's development during the second and third months of life.
Interaction Time (15 min.)	Participants will have a chance to ask questions and/or share concerns.
Handout:	Cradle Crier: An informative newsletter about the behavior of the infant during months two and three.

Assignment:

1. How can mothers help eye development?
2. Why is talking to the baby important?
3. List, in written form, two safe and stimulating activities and one developmental behavior of the infant in its second and third months of life.

LESSON PLAN

Session #3

Sharing (10 min.)	Each participant will be able to discuss ways mothers can help stimulate eye development and why talking to the baby is important. Additionally, she will list two safe and stimulating activities and one developmental behavior of the infant at two and three months.
Content (35 min.)	Objective: to discuss the development of the infant during months four, five and six.
Interaction Time (15 min.)	Participants will have a chance to ask questions and/or share concerns.
Handout:	Cradle Crier: An informative newsletter about the behavior of the infant during months four, five and six.

Assignment:

1. What is "baby-proofing"? List three ways mothers can ensure the infant's safety.
2. List, in written form, two safe and stimulating activities and one developmental behavior of the infant at four, five and six months of age.

LESSON PLAN

Session #4

Sharing (10 min.)	Each participant will be able to discuss three ways mothers can ensure the infant's safety. She will also list two safe and stimulating activities and one developmental behavior of the infant during months four, five and six.
Content (35 min.) Presentation by Dennis Grant, Nutritionist	"Prenatal Nutrition" Participants will learn about proper nutrition during pregnancy.
Interaction Time (15 min.)	Participants will have a chance to ask questions and/or share concerns.
Handout:	Cradle Crier: an informative newsletter about the behavior of the infant during months seven, eight and nine.
Assignment:	List, in written form, two safe and stimulating activities and one developmental behavior for the infant during months seven, eight and nine.

LESSON PLAN

Session #5

Sharing (10 min.)	Each participant will be able to discuss two safe and stimulating activities and one developmental behavior of the infant during months seven, eight and nine.
Content (35 min.) Presentation by Brenda Bennett, Home Economist	"Toys for Toddlers" Participants will learn how to make inexpensive toys for toddlers.
Interaction Time (15 min.)	Participants will have a chance to ask questions and/or share concerns.
Handout:	Cradle Crier: an informative newsletter about the behavior of the infant during months 10, 11 and 12.
Assignment:	1. Why are immunizations important? 2. List two safe and stimulating activities and one developmental behavior of the infant for months 10, 11 and 12.

LESSON PLAN

Session #6

Sharing (10 min.)	Each participant will be able to discuss the importance of immunizations and will list two safe and stimulating activities and one developmental behavior of the infant at 10, 11 and 12 months of age.
Content (35 min.)	
Part 1 (20 min.)	Summarize the salient developmental characteristics of the infant from birth to one year.
Part 2 (15 min.)	Administer author-designed post-test.
Interaction Time (15 min.)	Conduct evaluation of parenting workshops by participants. Award certificates. Serve refreshments. Conclude parenting program.

APPENDIX F

LETTER TO CONSULTANT
COUNTY EXTENSION OFFICE

May 1, 1986

Ms. Brenda Bennett
Manatee County Extension Office
1303 17th Street West
Palmetto, FL 33561

Dear Ms. Bennett:

I am teaching parenting skills to young adolescent mothers at SOLVE House and would like for them to have some information about some creative and inexpensive ideas concerning toys for their babies and later for their toddlers.

Does your office provide such a service? If so, would you please forward me the name of the representative so that I might contact him or her.

Thanking you in advance for your attention to this request.

Sincerely yours,

Doris J. Roundtree

APPENDIX G

LETTER FROM CONSULTANT
COUNTY EXTENSION OFFICE

APPENDIX G

FLORIDA COOPERATIVE EXTENSION SERVICE
UNIVERSITY OF FLORIDA
INSTITUTE OF FOOD AND AGRICULTURAL SCIENCES

TEACHING RESEARCH EXTENSION

COOPERATIVE EXTENSION SERVICE
AGRICULTURAL EXPERIMENT STATIONS
SCHOOL OF FOREST RESOURCES AND CONSERVATION
COLLEGE OF AGRICULTURE

REPLY TO: 1303-17th St. West
Palmetto, Fl. 33561
Phone 722-4524

May 7, 1986

Doris Roundtree
1722 17th St. East
Bradenton, Fl. 33508

Dear Doris;

As Home Economist for Manatee County Extension Service part of my educational effort includes teaching families to use creativity in play with their children. I have a presentation entitled "Toys for Toddlers" that I would be happy to present to the young women of S.O.L.V.E. Please call me at your earliest convenience if you wish to schedule the presentation.

Best wishes in your endeavors.

Sincerely,

Brenda G Bennett

Brenda G. Bennett
Extension Agent/Home Economics
Manatee County

BGB/jb

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COOPERATIVE EXTENSION WORK IN AGRICULTURE AND HOME ECONOMICS, STATE OF FLORIDA, IFAS, UNIVERSITY OF FLORIDA, U. S. DEPARTMENT OF AGRICULTURE, AND BOARDS OF COUNTY COMMISSIONERS COOPERATING

APPENDIX H

LETTER TO CONSULTANT
COUNTY HEALTH DEPARTMENT

May 1, 1986

Mr. Dennis Grant
Manatee County Health Department
128 Manatee Avenue East
Bradenton, FL 33508

Dear Mr. Grant:

I would like to have you volunteer your services for approximately 30 minutes to discuss prenatal nutrition with a group of pregnant adolescent mothers at the SOLVE House.

If you are able to accept this invitation, please contact me on or before May 15 so that we can arrange for any materials that you might need.

Your acceptance would be greatly appreciated.

Sincerely yours,

Doris J. Roundtree

APPENDIX I

SOLVE PARENTING PROGRAM
PARTICIPANTS ATTENDANCE RECORD

DATE:________________________

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

DATE:________________________

1.
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10.

THANK YOU FOR YOUR PARTICIPATION!

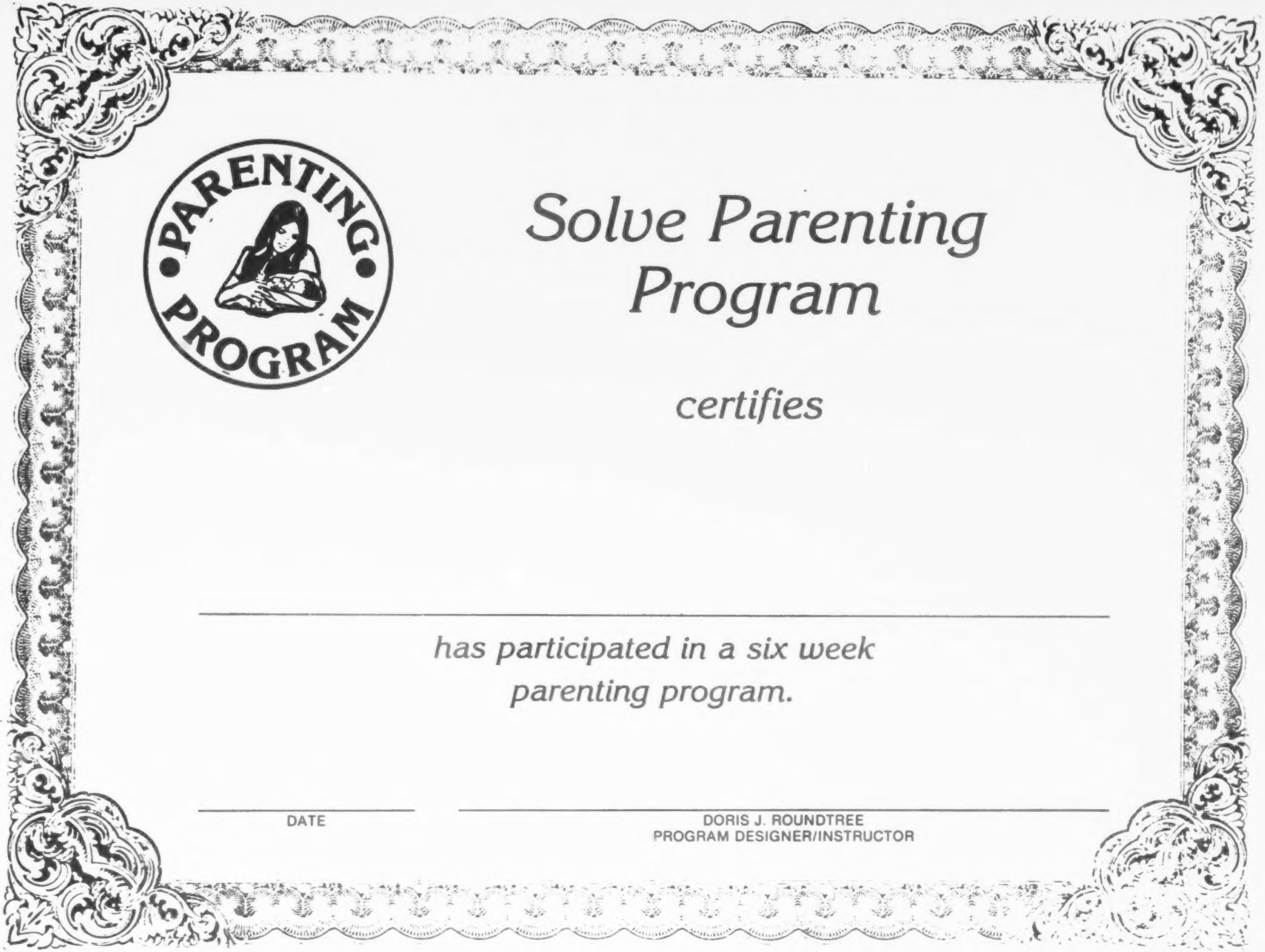
APPENDIX J

SOLVE PARENTING WORKSHOPS ATTENDANCE RECORD
INSTRUCTOR

DATE	TIME	VOLUNTEER	VERIFIER

APPENDIX K

PARENTING PROGRAM CERTIFICATE



PARENTING PROGRAM

Solve Parenting Program

certifies

____

has participated in a six week parenting program.

____
DATE

____
DORIS J. ROUNDTREE
PROGRAM DESIGNER/INSTRUCTOR

SEMINOLE FORM 3021-1

APPENDIX L

QUESTIONNAIRE ON PRENATAL NUTRITION

1. How many pounds should you gain during pregnancy?______

2. Nutrition during pregnancy can be improved by:
    a) Doubling the quantity of food eaten (eating for 2).
    b) Improving the quality of the diet by eating balanced meals from the four food groups.
    c) Eating lots of protein foods.

3. The four basic food groups are:

a)	c)
b)	d)

4. Some good sources of iron are: ____________________________

____

5. Some good sources of calcium are: _________________________

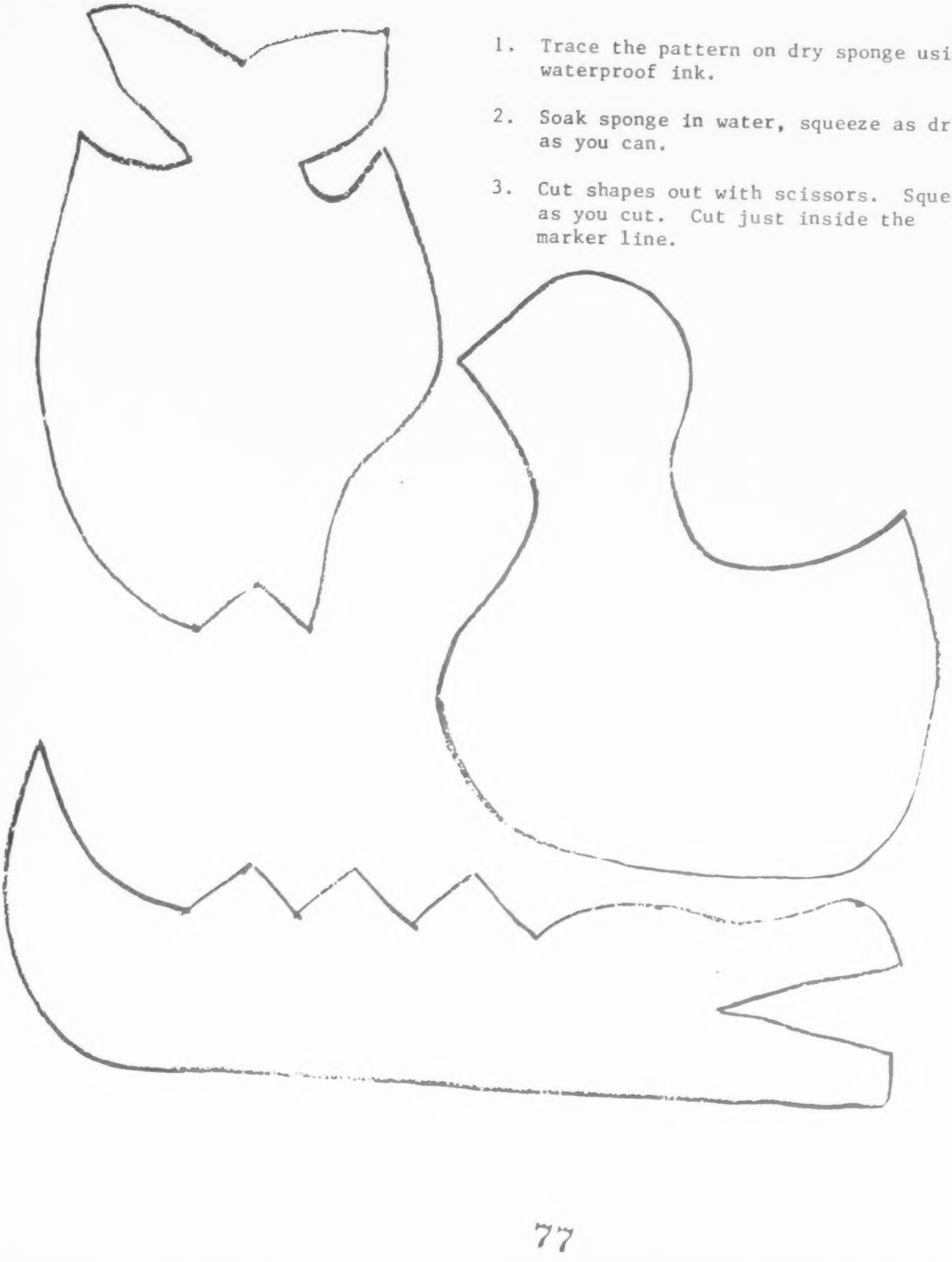
____

Name: ________________________________ Date: __________________

APPENDIX M

TUB TOYS

1. Trace the pattern on dry sponge using waterproof ink.
2. Soak sponge in water, squeeze as dry as you can.
3. Cut shapes out with scissors. Squeeze as you cut. Cut just inside the marker line.

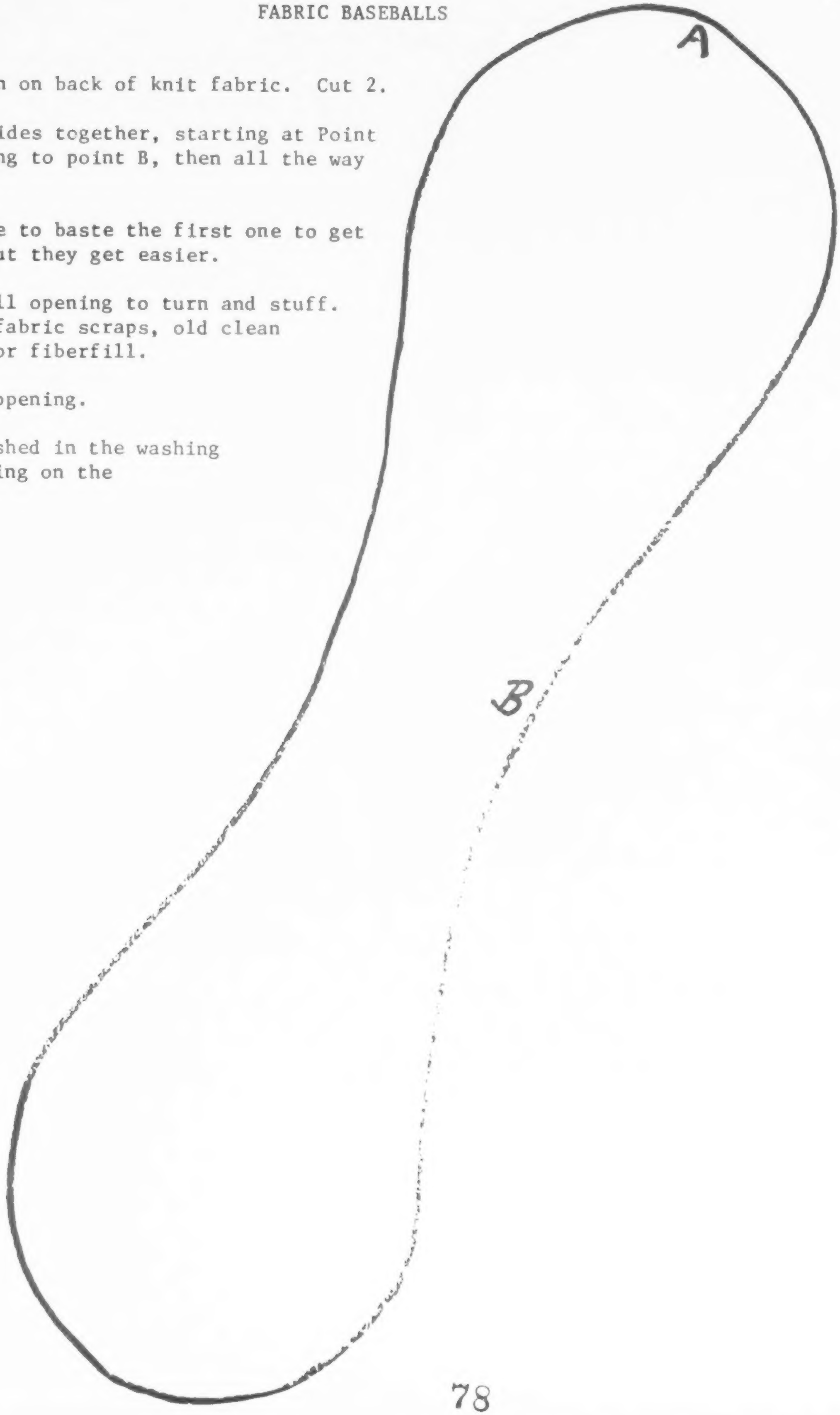


APPENDIX N

FABRIC BASEBALLS

1. Draw pattern on back of knit fabric. Cut 2.
2. Pin right sides together, starting at Point A and pinning to point B, then all the way around.
3. You may have to baste the first one to get it right, but they get easier.
4. Leave a small opening to turn and stuff. Stuff with fabric scraps, old clean pantyhose, or fiberfill.
5. Sew up the opening.

Balls may be washed in the washing machine, depending on the stuffing used.



APPENDIX O

AUTHOR-DESIGNED PRE/POST-TEST--REVISED

Circle T for True and F for False.

T or F	Rooting, sucking and grasping are reflexes.
T or F	Apnea refers to a period when the baby's breathing stops.
T or F	Careful toy selection helps to prevent accidents.
T or F	Smiling is one of the first social skills, appearing around the sixth week of life.
T or F	Attachment is the emotional relationship between a child and other human beings.
T or F	Babbling is a way for baby to practice speech sounds.
T or F	SIDS is another name for a gag reflex.
T or F	Steady, monotonous sounds, light, and temperature are ways to soothe the baby.
T or F	The first immunization should be given at one year of age.
T or F	The baby's personality is developed at birth.

APPENDIX P

PARENTING FOLLOW-UP SESSIONS SCHEDULE

Memorandum

Date: January 2, 1987

To: Vicki, Brenda, and Dennis

From: Doris

Re: Parenting Follow-Up Sessions
Title: Parenting--Mother and Child

Session 1: Jan. 15, 1987, 7 p.m. - 8 p.m.
Facilitators: Doris and Vicki
Theme: "Care for the Young Child"

Session 2: Jan. 22, 1987, 7 p.m. - 8 p.m.
Facilitator: Dennis Grant, Nutritionist
Theme: "Infant Nutrition"

Session 3: Jan. 28, 1987, 7 p.m. - 8 p.m.
Facilitator: Brenda Bennett, Home Economist
Theme: "The Importance of Play in Child Development"

Session 4: Feb. 5, 1987, 7 p.m. - 8 p.m.
Facilitators: Doris and Vicki
Theme: "Child Safety"

--Final Session--

Session 5: Feb. 12, 1987, 7 p.m. - 7:30 p.m.
Facilitators: Doris, Vicki, Brenda and Dennis
Theme: "Needs of the Growing Child"
Social Farewell. Refreshments will be provided from 7:30 p.m. - 8 p.m.

APPENDIX Q

CARE FOR THE YOUNG CHILD

You want the very best for your baby, just as all parents do. Each day in your baby's early years is important, not only for physical health, but also because babies start at birth to acquire good feelings about themselves and others, and to think, communicate, and develop other skills.

What is good care for infants and toddlers?

The smiling of a thriving baby and the prance of a two-year-old are charming, but the day-to-day care of an infant or toddler is a challenge that requires knowledge and effort. Personal styles and values differ in families, but these basic principles of good care apply to all types of care.

A good caregiver . . .

. . .is loving and responsive. One who hugs, rocks, cuddles, seeks eye contact, and enjoys the child . . . who responds to the baby's smiles and emerging skills and interests . . . who finds ways to expand upon each experience . . . who is sociable and interested.

. . . respects the baby's individuality. One who recognizes the baby's personal rhythms and style . . . and tunes into those rhythms when planning pace and time for eating, sleeping, and playing.

Good surroundings for babies are . . .

. . . clean and safe so babies can try out their natural curiosity . . . filled with interesting and stimulating things to explore . . . set up to promote learning through free play.

Babies need parents.

Spending as much time as you can with the baby is important for the baby and for you. You need and deserve a chance to get to know and enjoy each other.

During these early months your baby will grow rapidly and establish a fairly predictable eating/walking/sleeping rhythm. Because you are dependable and responsive, your baby learns to trust you and find comfort and security in your presence. This loving attachment to you will help your baby to love others later in life.

What types of care are available?

Home care, family day care, and group care are three basic types of child care.

Home care is the easiest for your young baby to adjust to because the surroundings are familiar, and your baby doesn't have to go out early in the morning. Care for a sick baby is also much easier.

Family day care is provided in the caregiver's home. It is the most common type of child care in this country.

Before you consider family day care, find out what regulations apply by asking your local or state department of health or social services.

It is not easy to find a good group care program. Take time to visit several centers before selecting one. Experts recommend that no more than six or eight babies be in a group with two teachers. This means that the adult/child ratio should be one to three or, at most, one to four so that personal attention can be given to children.

Try to keep your child care arrangement consistent because babies and parents find changes in caregivers upsetting.

APPENDIX R

PROPER FEEDING FOR BABY
BIRTH TO SEVEN MONTHS

4 Months of Age

Your baby may not be ready for solids yet. If he can not swallow food from a spoon, this means he is not ready. Do not force baby. Breast milk or formula gives baby all he needs.

Remember: Do not feed solids from the bottle. Always use a spoon.

5-6 Months of Age

When your baby is 5-6 months old, you should introduce him to rice cereal.

Remember to:

- * Always select single-grain cereals, fortified with iron.
- * Start with 2 oz. of breast milk or formula and 1 tablespoon of rice cereal (loose mixture).
- * Gradually increase amount of cereal.
- * Introduce one new food at a time and try it for a week.
- * Look for allergic reactions such as rash, hives, diarrhea and/or vomiting. If reaction occurs, wait for several months before trying again.
- * After trying rice cereal, introduce barley, then oatmeal, using same method as before.
- * Try one food at a time.
- * Try each new food for one week.

7 Months of Age

Vegetables are introduced at this time.

- * Start with carrots, then squash, then green beans, and then green peas.
- * Introduce one new vegetable at a time.
- * Begin with 2 tablespoons and gradually increase ¼ - ½ cup each serving up to one year.

Feeding Example

Early morning:	Breast milk or formula (6-8 oz.)
Morning:	Breast milk or formula (4-6 oz.) 6 tablespoons cereal
Noon:	Breast milk or formula (4-6 oz.) 6 tablespoons cereal 2 tablespoons vegetable
Mid-afternoon:	Breast milk or formula (4-6 oz.)
Supper:	Breast milk or formula (4-6 oz.) 6 tablespoons cereal 2 tablespoons vegetable
Bedtime:	Breast milk or formula (4 oz.)

- * When buying baby food, always read the label.
- * If water is the first ingredient, do not buy it.
- * If contents include corn starch, tapioca or flour, do not buy it.
- * Pour only amount baby will eat into a bowl and refrigerate the rest.
- * Feed solid foods with a spoon, never in a bottle.

APPENDIX S

SAFETY TIPS

Preventing Falls and Collisions

Infants need to be protected from falls, from accidental poisoning, and from swallowing small objects. They are explorers and their overwhelming curiosity sometimes leads to trouble.

You can make an environment safe for infants by taking some common precautions:

1. Never leave a baby unattended on a table or bed.
2. Keep stairs and floors free of clutter that could trip a child.
3. Use folding gates to block off stairs.
4. Keep high chairs away from tables or walls against which the baby could push itself over.

The most serious collisions usually occur in automobiles. A sudden stop can send a baby hurtling through a windshield to death or serious injury. Statistics indicate that about 1,000 children under age five are killed in car crashes each year and that many thousands are injured.

Preventing Poisoning

Poisoning is another serious accident. Once babies can crawl about and explore, medicines and many other common household products become a hazard. Nail polish, polish remover, perfumes, hair dyes, furniture polish, detergents, bleach, ammonia, toilet bowl cleaners, kerosene, gasoline, pesticides, lawn fertilizers--all must be kept out of children's reach.

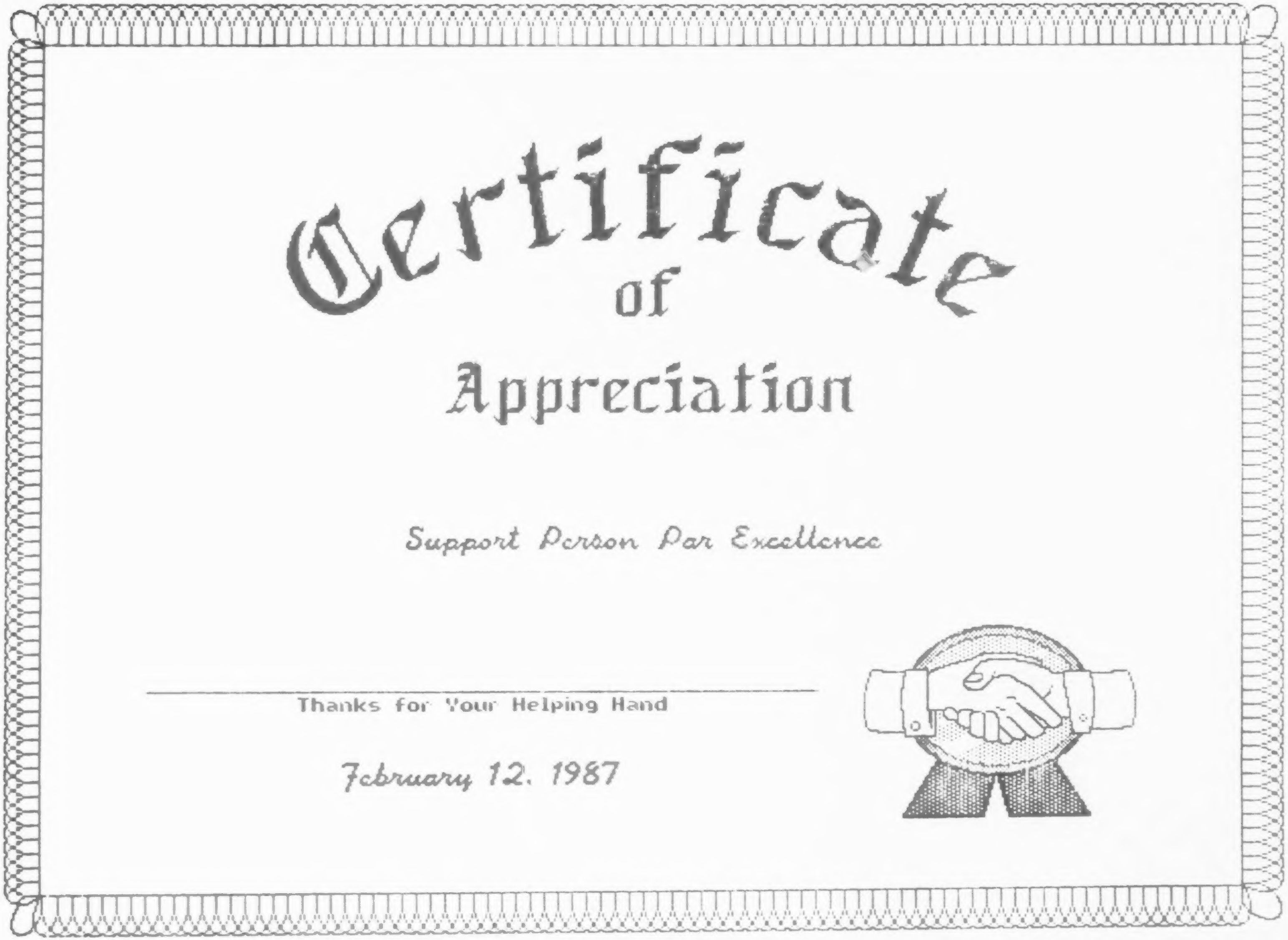
Preventing Ingestion of Small Objects

Small objects can become lodged in an infant's throat or aspirated into the bronchial tubes or lungs. Because infants like to explore things with their mouths, small objects must simply be kept away from them.

Toys that might come apart and release small pieces should not be given to infants. The eyes of stuffed animals should be sewn on rather than attached with pins; the best animals have embroidered eyes.

APPENDIX T

CERTIFICATE OF APPRECIATION TO WORKSHOP SUPPORT PERSONS



Certificate of Appreciation

Support Person Par Excellence

Thanks for Your Helping Hand

February 12, 1987

APPENDIX U

CRADLE CRIER: MONTHS ONE THROUGH TWELVE

HFS 232

Human Development

Cradle Crier: Month One

Shirley J. O'Brien *

EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

Dear Parent,

Your baby is now one month old!

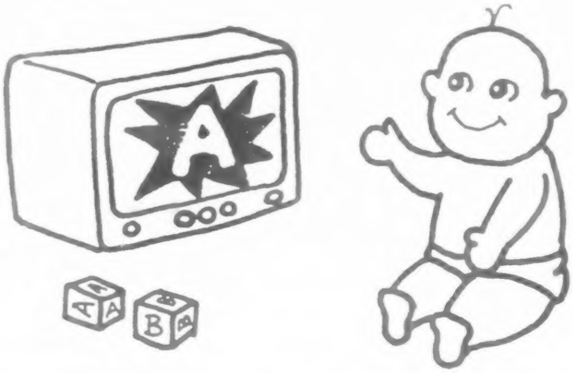
Are there times when you wonder if you will survive the next few days? Do you sometimes almost feel afraid of your baby? Do you handle your little one as if it were made of glass? If so, you are experiencing what most normal parents go through during the first few weeks of life with a newborn. Schedules are up-ended, sleep is lost, and your life centers around a small, helpless, but demanding infant.

The CRADLE CRIER will help you discover the joys and forget the pains of early parenting. The major focus will center on how your baby grows and develops month by month.

Your baby is unique — not like any other newborn. However, all babies develop certain skills in about the same order. Your child's skills may appear more quickly or more gradually than those of other babies. If you recognize these abilities as they appear, you will be able to help your child learn as much as possible.

Often, young parents have limited experience with infants. In fact, you may not have seen a newborn until presented with your own. Your ideas may be vague about what a newborn should look like, what he might need, or what he will or will not be able to do.

Your expectations may be influenced by older babies seen in magazines or on TV. These babies' heads are perfectly formed, they are alert, smiling, very responsive. Let's suppose your baby doesn't quite match the "pictures". Don't become discouraged!



If your newborn's face is red and wrinkled, his head is large in comparison to his body, his nose flattened, his eyes usually closed, you've probably got a pretty normal-looking infant. In spite of this "unfinished" look, your baby is rapidly developing in many important ways.

Let's look at some of these changes.

Mouth and Eye Development

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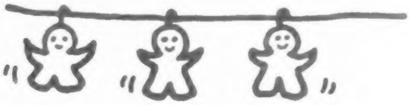
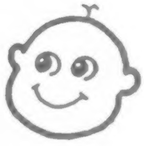
*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor-Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.

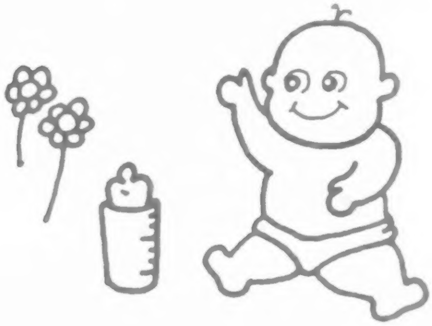
After about three weeks of age, your baby will be able to *open his lips* at the corners and do a better job of swallowing during feeding. He will begin to pause for a short time while nursing in order to look at his surroundings.



"I want to watch brightly colored, moving objects, while I am feeding"



Your newborn's ability to *use his eyes* develops quickly. He may tend to use only one eye at a time, keeping the other closed, but by the second month he will be able to coordinate both eyes toward an object. Even now, your baby may be able to watch a colored object if it is moved slowly. Or, he may be able to follow a person who is moving around the room.



"I want to lie where I can see people and activities"

Your child may actually quiet down if you shift him toward a light source. However, too much bright sunlight in his eyes will bother him a great deal.

Small Muscle Development

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When you watch your child thrash his arms about you may see his *fingers open out*. This coordinated effort is not as sophisticated as you might think. It is simply a reflex action at this time. The grasping reflex may appear very early, too.

You may test for this reflex by putting any object between your child's thumb and forefinger. A wishbone rattle is a good toy for small muscle development.

"Give me objects of various sizes and textures to grasp"

Social Development

One of the first social skills your child will acquire is *smiling*. Even though the first smiles are an automatic reflex action, your positive response to those smiles will encourage him to develop those skills very quickly. (Parents and friends are downright flattered when babies smile at them.)

Another early social skill is *crying*. This is your child's only way of communicating at this time. His "words" may be difficult to understand at first, but if you listen carefully, you'll hear four basically different cries: One — this cry is simply from boredom. Your child wants attention, to be held, carried, talked to and cuddled. Two — oftentimes children cry because they are tired and need to be rocked or given some help in relaxing. Three — babies cry because of their need for sucking gratification. This need can be satisfied by those few moments of nursing after they've had their fill of food. Four — babies cry because of physical discomfort. Something is too cold, too hot, or poking them. They may feel a gas pain inside. Mothers usually learn to distinguish these cries within the first month.

"Pay attention to my smiles and my cries"

Language Development

Most of your child's *vocabulary* consists of "oo" sounds. Another interesting sound, usually made when bubbles are being blown, is best described as "booah"

Most babies like the consonant "m", which later is combined with "a" to form a pretty important word

At first, small throaty noises are a rather limiting language, but don't worry, your child will rapidly build upon these humble beginnings.

"Talk to me, I am beginning to recognize sounds"

Emotional Development

Your baby's *first negative emotion* will probably be *fear*. He will be afraid of sudden loud noises and of falling. He will need many experiences in order to learn to distinguish which experiences to fear and which not to fear. Fright and pain usually call for screaming.

With a few experiences, loud noises won't bother him much. Your child can learn to sleep through the dog barking, TV, radio, and even brothers and sisters screaming and playing nearby. Music, in fact, may be rather soothing and make your child content.

"Counteract my fears with happy experiences to give me a feeling of security"

This publication was produced as one of a twelve part series at a cost of $218.93, or 4.1 cents per copy, to provide information about monthly behavior in an infant's first year. 12-5.3M-85

COOPERATIVE EXTENSION SERVICE, UNIVERSITY OF FLORIDA, INSTITUTE OF FOOD AND AGRICULTURAL SCIENCES, K. R. Tefertiller, director, in cooperation with the United States Department of Agriculture, publishes this information to further the purpose of the May 8 and June 30, 1914 Acts of Congress; and is authorized to provide research, educational information and other services only to individuals and institutions that function without regard to race, color, sex or national origin. Single copies of Extension publications (excluding 4-H and Youth publications) are available free to Florida residents from County Extension Offices. Information on bulk rates or copies for out-of-state purchasers is available from C. M. Hinton, Publications Distribution Center, IFAS Building 664, University of Florida, Gainesville, Florida 32611. Before publicizing this publication, editors should contact this address to determine availability.

HFS 233

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Manatee County Extension Office
1303 17th Street West
Palmetto, Florida [illegible]

Human
Development

Cradle Crier: Month Two

Shirley J. O'Brien*

EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

Dear Parents,

Your baby is now two months old!

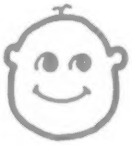
Congratulations! You've survived the first month of living with your newborn. It's all downhill from this point on! Are you constantly amazed at changes you see daily? In their first year, infants grow more and make more changes than at any other time in their lives.

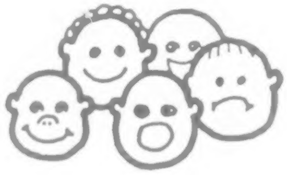
Your child entered this world pretty helpless. It could not care for itself; in fact, it probably had little control over its body, could not move around, couldn't even roll over. Most infants have difficulty with eating, digesting food and breathing.

But, let's look down the road to the end of this year. Your child will be able to reach smoothly and accurately for things, pick up toys between thumb and forefinger, drink from a cup and even hold it with both hands, and eat from a spoon (though not efficiently for another year).

In a year, your child will be able to chew and digest semi-solid or chopped foods, will understand some words and may even say a few. He will be able to recognize familiar people and things and know that even when things are not in sight, they still exist. Your child will begin to learn about herself or himself as a person separate from the surrounding world or people and things. **WHAT IMPORTANT CHANGES TAKE PLACE THIS FIRST YEAR!**

Remember your baby is unique—not like any other newborn. Yet, we know from studying infant growth that all babies acquire certain skills in about the same order. Your child's skills may appear right on schedule, or more quickly or more gradually than those of other babies. If you recognize these abilities as they appear, you will be able to help your child learn as much as possible.





Let's look at some changes occurring during the second month of your newborn's life.

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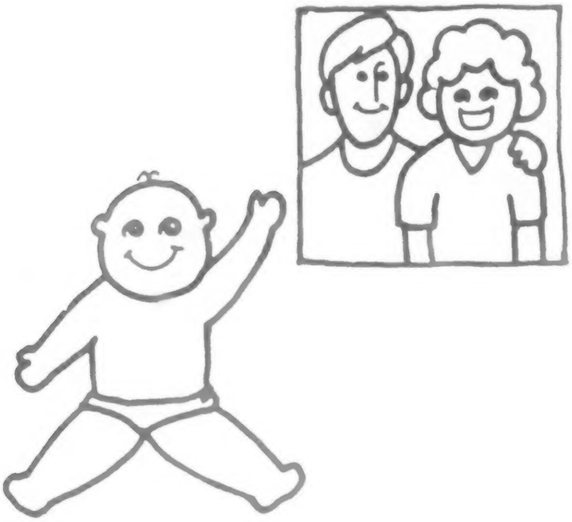
*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor-Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.

Eye Development

Between six and eight weeks of age, your infant will *exercise some willpower* by pausing awhile during nursing in order to look at his surroundings. This is a significant event in the growing-up process. By about eight weeks, you will notice that these pauses come at regular intervals. This is the chance for you to provide some large, colorful objects for your child to look at.

A few years from now, some teacher at school is going to say to your child, "Pay attention!" But we know that it isn't as easy as it sounds. The skill of paying attention starts very early, even in the cradle. You can help your child develop the skill of "attending" very early in the game.



"give me a picture of my family"

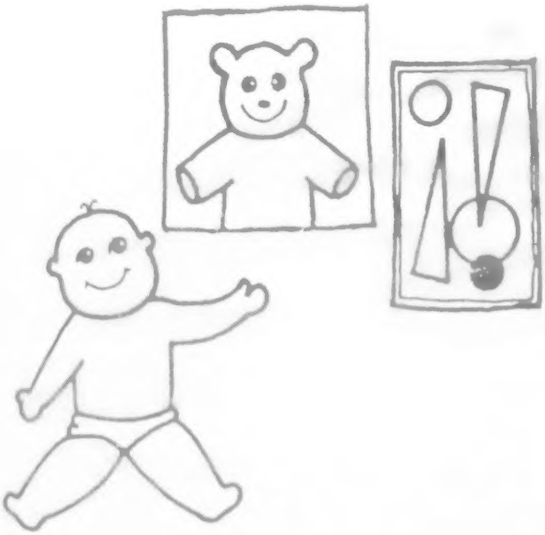
Since the first thing a human infant is exposed to is the human face, why not put a picture in a spot that would otherwise be blank? This can be an interesting visual experience and your baby can *practice using eye muscles* to focus on a stationary visual object.

(1) Choose a snapshot of the family that portrays a loving feeling. Send it off to be blown up (to about two or three feet). If you can't find a place that does enlarging through magazine advertising, check with a camera store.

(2) Tape the picture to the ceiling above your baby's head so she can look up and see it while lying on her back. Point out to her when she's lying in her bed. "Look, Maria, there's Mommy and Daddy." The picture can be just one face or the whole family.

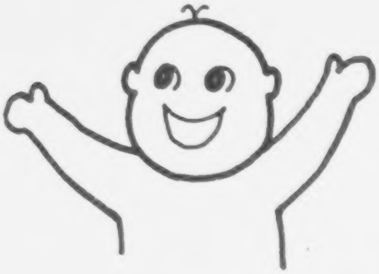
Your child will see a picture of those who love and care for her. This idea is especially good for the first months of your baby's life, when she's developing eye muscle strength, learning about the people and things around her, and beginning to develop into a social being.

A variation: When your baby seems to be losing interest in the picture, take it down and put up another—of her, a favorite toy, or just a pretty design. If your baby doesn't seem to like the picture (if she cries and frets when she looks at it, or if she looks away from it), remove it.



Social Development

Between six and eight weeks of age, your child propably will have learned to *use his crying skills* to the best advantage. Very early in the game children get to know that when they cry, people jump. Your child may just want some of the many toys surrounding him and a good cry will do the trick. In fact, your child can just about run the house by crying at the right time (he may keep it up as long as it gets the results he wants!). You will be doing much more for your child's character if you make sure that his smiles receive more attention than his cries.



Language Development

Your *child will learn to talk by listening to you*, so don't use baby talk. Talk to him as you work around the room. Imitate the sounds he makes. Talk to him as you care for him. For example, "It's time for your bath." "Now I'm going to wash your face."

Get into the habit of using complete sentences.

For example, "We're going to put your boots on now." "Would you like to go for a ride in the car?"

Talk, talk, talk . . . respond to your child's sounds, even when it is jabber and cooing. When talking, get down to his level and establish eye contact.

Emotional Development

Your *infant's movements are related to being happy*—when your child smiles, waves his arms and kicks his feet, he is expressing emotions. Reward these emotions with warm, softly-voiced responses.

Remember, messages between you and your child occur during **feeding**. Whether your infant is fed by breast or bottle, a very important part of feeding is holding and cuddling. During the early months *your infant will sense your love by the way you handle him.* Love messages are the most important messages you can give your child during his entire life.

Large Muscle Development

During the second month, *your child may enjoy sitting on someone's lap during dessert.* If you make a big fuss when your infant starts to look around, it will make it worth the effort.

Your baby may be able to *raise both feet from the bed at the same time, and even rock back and forth.* By two months, he should be able to hold up his head for a much longer period of time. Reward this effort.

SPECIAL NOTE:

As you participate in all of these activities with your baby, you will grow. By viewing and experiencing life through the eyes of your baby, you can rediscover—now on a conscious, adult level—the kinds of complex learning required to be able to do all the now simple, seemingly automatic, tasks you do daily.

And, through learning to read your baby's nonverbal messages more and more effectively, you will become increasingly more responsibe to your child. You also will be gaining an invaluable human skill which can be used in many ways in your adult human relationships.

This public document was promulgated as one of a twelve part series at a cost of $204.29, or 3.5 cents per copy, to provide information about monthly behavior in an infant's first year. 9-5.9M-84

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HFS-234

MANATEE COUNTY EXTENSION OFFICE
1303 17th STREET WEST
PALMETTO, FLORIDA 33561

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Human Development

Cradle Crier: Month Three

Shirley J. O'Brien*

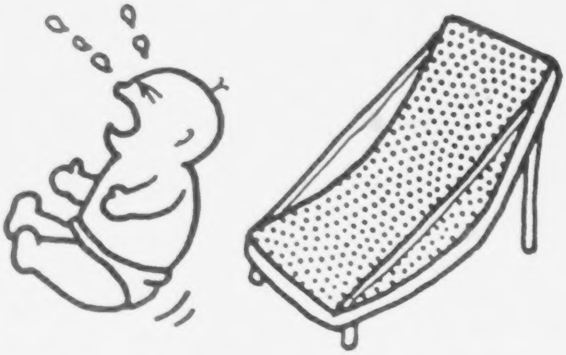
EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

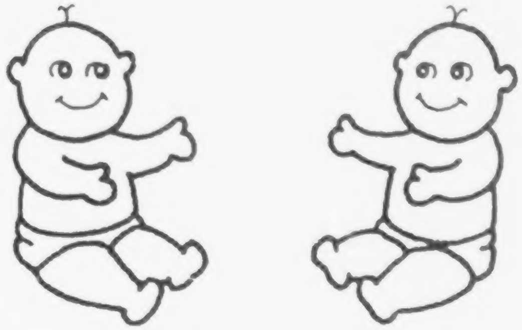
Dear Parents,

Your baby is now three months old!

Do you ever wonder if your infant has a "self," a mind of its own, even at the early age of three months? The answer is a very strong "yes"! Although every child is different, most have an "inner self" or "will" which is present at birth, maybe even before. If you are lucky to have twins, you may see one kicking, grasping and moving right from the start while the other isn't nearly as active. However, the less active child might make many sounds that seem to "talk" to you in an understandable way. Even though twins grow in the same environment nine months before birth, they often express their "selves" in completely different ways after birth.



"Baby fall down!"
("Hey, That's me!")



"I'm me!"
"I'm me!"
("We're different!")

Your child's "self" continues to develop every day. Even though it can't be seen, it can be expressed at a very early age. It will be awhile before you'll hear "Baby fall down!" as your child refers to itself and its activities. However, if you watch closely, you can see it making big decisions about how to deal with the world in which it is growing up. Your child may be persistent in some activity and quit another as soon as it starts. You may carefully introduce your child to a new person (like a favorite aunt or uncle) and your child decides to "reject" that person no matter whan anyone does. When that happens, it simply means your child is expressing his "will" or "self."

Parents, you can ***guide*** your child's decisions in ways you think are best. But, remember, your child has to play an all-important role in deciding how it grows, develops, and copes with the world.

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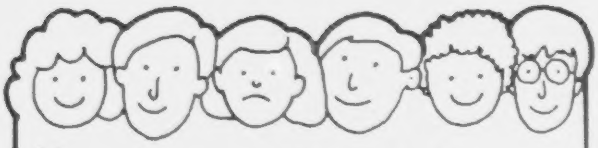
*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.



How do you tell your baby you love him without words?

"Give me a love message"

Sometimes we have a hard time "talking" with babies because they can't talk back and we've forgotten how to communicate without words. So, here are some tips on *how to tell your baby you love him without words.*

1) *Touch* is the most important love message! Hold your baby in a gentle, secure way, giving tender caresses and affectionate hugs. Tell your baby you love him by letting your body express all the love you feel for him. (Tense, jerky, abrupt handling gives the opposite message.)

2) Use your *eyes* to tell your baby you love him. Look at your baby eye-to-eye and smile. (If your face is tense and unsmiling you communicate these feelings to your child.)

3) *Hum, whistle,* or *sing* to your baby. If your voice is low, gentle and soothing, full of joy and love, your baby will feel it.

4) *Rock* your baby. Find an old-fashioned rocker and use it while you're giving the "love messages" mentioned above.

Mouth and Eye Development

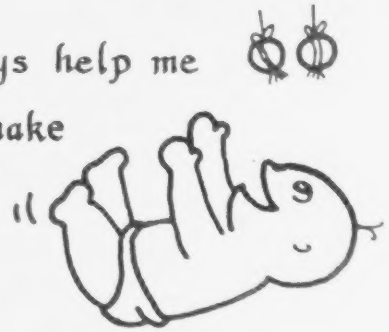
By the third month, your child will probably have developed two kinds of sucking. One is the infant-suction type—fast, hard-driving and almost frantic; the other is more leisurely. Either way, your child presses his gums and tongue together to get the job done; except, one type is more vigorous than the other.

Do you realize the importance of what's happening? Your child is discovering how to pay attention to things! This is progress. Try this experiment. Put an object close to your child to look at while nursing. Slowly begin to move it away. The movement is likely to make your child stop sucking and "place-hold" until you put it back. (Place-holding is holding oneself ready to continue an activity that has been interrupted.) This place-holding during nursing allows your child to learn something about the object which was so fascinating. He "takes in" the information from the object and then uses his "will" to continue nursing.

"Who says I don't have a mind of my own ... yet?"

Small Muscle Development

Your child may be a bit frustrated at three months because he can't make his hands and eyes do what he wants them to. While these skills come as he grows older, your child may become impatient, so you need to help him forget his impatience. Offer objects of different colors, shapes and sizes, but don't force this behavior or overdo it.



"Pretty toys help me learn to make choices"

Social Development

Your child may be able to laugh (or come close to real laughing sounds) at three months. He can certainly respond to your laugh by this time, too. In fact, your child is becoming aware that there are many different people around him. He can turn his head to follow objects, voices and music.

Your child's best social skill is saying "thank you" infant-style. When someone does something nice for him, he will show his delight by smiling or laughing a "thank you."

"I give you thank you smiles for good deeds!"

Language Development

Now that your child is three months old, he is rapidly learning how to control his vocal cords. He can make almost any sound he wants to, and he makes new sounds almost every day. He may have discovered that crying can get him almost anything he wants. You probably want to respond to his smiles more than his cries but find it very difficult because one is so much louder than the other.

"I cry and

I smile to get your attention!"

Large Muscle Development

The huge, heavy ball we call a "head" has probably been giving your child some trouble. But, by the end of this month he'll begin to hold his head steady and even turn it from side to side. He has already learned to move his eyes back and forth, but control of his head, which is very big for his body and still weak, may give him a lot of trouble.

"Boy, does my big head give me trouble!"

Emotional Development

Your child will be able to show degrees of emotions by smiling at experiences he enjoys, laughing at those which are exciting and squealing with joy at the things which really delight him. Your child has a great deal of emotional energy to let out.

"When I get excited I kick my feet and wave my arms as fast as I can!"

This public document was printed as one of a twelve part series at a cost of $241.92, or 2.1 cents per copy, to provide information about monthly behavior in an infant's first year 10 11 5M 83

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MANATEE COUNTY EXTENSION OFFIC
1303 17th STREET WEST
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HFS-235

Human Development

Cradle Crier: Month Four

Shirley J. O'Brien*

EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

Dear Parents,
Your baby is now four months old!

During the first year, infants spend a lot of time and energy trying to make some sense out of the world around them! They try to sort out and organize the information coming to them through their eyes, ears, skin, mouth and nose.

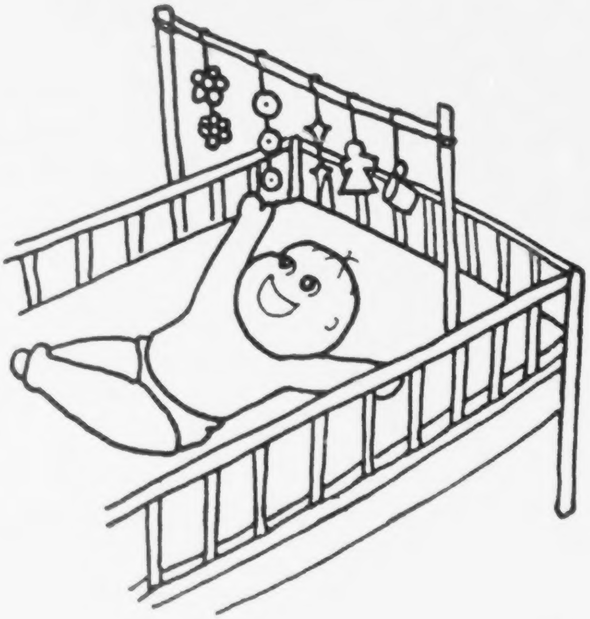
In CB language we could say that when your baby was born all his antennas were in good working order and receiving well. (That's a 10-2!) But your child needs a lot of experiences before any of the information coming into those receiving stations makes any sense. ("Wall-to-wall and Treetop Tall!") Throughout the first year, your child will react to, act on, and organize the experiences you provide him ("in his Home 20"). For example, in the first month as your infant's eye muscles strengthened, he looked at anything that happened to be around without any real regard; now at four months, your child is looking to see. ("Mercy!")

What interests your child has changed with the growth of his memory and physical skills. At first it was the familiar—his own hands and other people's faces. Now he's branching out to something similar to the familiar. You can encourage this growth by offering exciting and stimulating experiences.

How about providing "A Variety Show for Baby?" Hang a few items from a sensory stand (as shown here), from a piece of elastic across your baby's crib, or from a coat-hanger suspended from the ceiling. Change the items and location often as your infant responds to and tires of the objects.

Here are some suggestions for objects:

- rattles
- stuffed toys
- costume jewelry
- aluminum pie pans
- old greeting cards
- colored clothespins
- balls from old socks
- family members' photos
- measuring cups, spoons
- shapes of colorful metal



Remember, however, that toys are no substitute for people. You are still your baby's most interesting plaything, and time with you is the best growth stimulation you can give him. ("And that's a **BIG TEN-FOUR!**")

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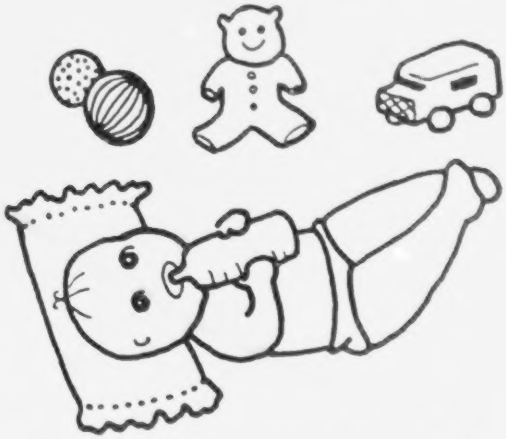
*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor-Extension Specialist in Human Development, Department of Home Economics Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611

Mouth and Eye Development

By the fourth month, your child has probably mastered the "art" of place-holding! You can see this when he is especially hungry and sucking with vigor and you place a fascinating object in front of him. Does he stop eating? Not on your life! He place-holds! Although he stops vigorous sucking, he keeps his mouth in place so that he can go right on as soon as he's satisfied about the new information.



"I nurse hard for 10 minutes then smile at mother and look at brother"

By the way, have you noticed how interested your child is in his hands? He probably looks at people's hands much of the time, including his own. You might want to offer your child his own foot once in a while. This opens up a whole new world of "feet".

Social Development

Your child may select certain people to accept and reject. He may begin to show a preference for children at four months. With children, your baby talks, coos and laughs but when grandmother picks him up, he screams! This is normal behavior. Grandma is a strange face and takes some getting used to.

Your child is probably getting to be quite a social little tyke. The best part of his waking hours are spent chatting, smiling and laughing. You may begin to notice he can anticipate being picked up and almost understand when its bathtime. He may, in fact, hear water being poured for his bath and get excited to be put in it.

"Don't be surprised if I sometimes act shy or afraid"

Small Muscle Development

One of your child's greatest accomplishments will be placing his thumb and forefinger together in a pinching motion. When he accomplishes this and can bring it in front of his eyes it is a joyous day and due cause for celebration. Your child will have mastered a very important skill that he'll need for the rest of his life.

"Oh, how I love that 104 plastic key-ring"

Language Development

Here is something you may have noticed: "H" is your child's favorite consonant now and "ae" his favorite vowel sound. Do you hear your child saying "hey" a lot? Do you find yourself saying "hey" back? Your child is practicing his language and your response tells him if he's on the right track or not.

Some children learn to click their tongues and think it's really a great trick, especially when you make a game of it and click your tongue back.

Babbling is your child's main way to practice speech sounds, so leave him on his own once in awhile so he can practice this babbling. Your child probably won't babble as much when people are around to amuse him. Practice makes perfect.

Emotional Development

Don't overprotect your child. Give him lots of toys which are safe to use, and provide plenty of room to experiment with them. There will be a few bumps and bruises, but on the whole, these experiments turn out pretty well; for you are providing your child with space to express his emotional energy.

Your child may like people and their attention so well by now that when he's put down in his cradle he begins to cry. Try to reward his laughs and smiles, not his cries.

"When I don't get what I want, I show my temper. But, if I don't really need it, and don't get it, I soon understand"

Large Muscle Development

Have you noticed that your child can bring his hands together over his chest and do some elaborate finger play? The large arm muscles are becoming more flexable and under control.

Your child may be able to roll from back to side and sit up if you help him get there in the first place. Sometimes, 4-month old babies get a thrill out of being lifted to a standing position, although their legs are certainly not strong enough yet to support their bodies.

"I can finally turn over from back to tummy, but sometimes I get my hand caught"

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1303 17th STREET WEST
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HFS-236

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Human Development

Cradle Crier: Month Five

Shirley J. O'Brien*

EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

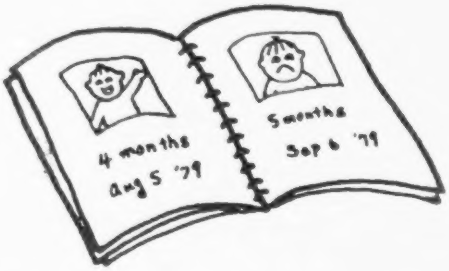
Dear Parents,
Your baby is now five months old!

Did you see the television series "Roots"? It's a strong story about a man's search for his past in order to better understand his present and his future. The search for "self" seems to be very "in" now. It has probably come about because we live in a world that changes so quickly and is so hard to understand. In the process of reaching for our "roots" we get a better "picture" of day-to-day life.

Do you ever wonder how you can help your child get in touch with his or her "roots" as well as help him develop some "wings"? One important way is to start a "This is the way you were when you were little" book. You'll create a gift for your child more valuable than any toy you could buy. By providing him with a record of his growth, you help him develop a "picture of himself" that will help him cope with problems at later stages of life.

You'll want to share "all of him", characteristics, delights, successes, as well as sadnesses, disappointments, and frustrations. You'll want to record changes in size, appearance, interests, concerns, and developmental skills (as discussed in CRADLE CRIER). Some of the things you might want to include in this gift to your child are:

1) **Newspaper clippings. On the day your child is born, save the front page of a large newspaper. This will give you an account of the other "great happenings" of that date. Save your child's birth announcement from your local newspaper.**
2) **Preferences.** For fun, make up a set of questions about your child's likes and dislikes and ask them on his birthday each year.
3) **Creations.** Scribbles, drawings, paintings. Select favorites.
4) **Photographs.** Note age and date.



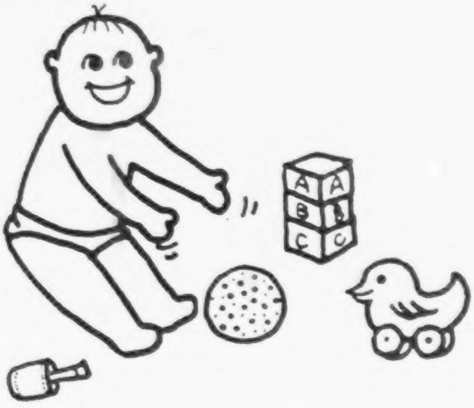
5) **Written record.** Most important, make notes to accompany each of the above suggestions. Put down what your baby is doing at the time — what new things he's learning, what he likes and doesn't like, interesting comments others have made about him, and important experiences.

You'll be collecting material for endless bedtime tales, as well as providing your child with a word and picture story of who he was to help him discover who he is, "Roots".

***Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor-Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.**

Mouth and Eye Development

By the age of five months, your child should be learning the "reach, grasp, retrieve and put-in-the-mouth" trick pretty well. Actually, it is a highly developed skill. But, it may seem like the mouth is the final resting place for a lot of objects. Does your child open his mouth and keep it open until something fills it up? Not only that, does he keep his eyes on the object until it gets into his mouth? If so, all's right with the world! Be content that your child is behaving normally.



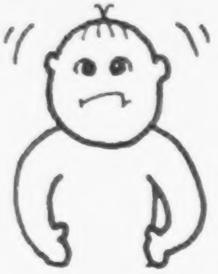
"I look at everything and reach for everything! If I can reach it, I will put it into my mouth!"

Social Development

Your child is beginning to develop some new social tools that will give some direction to his life. Some of these tools are: (1) responding skills through such games as "peek-a-boo" and "pat-a-cake"; (2) ability to tell people apart; (3) confidence growing from the security of close family members.

The "good" social attitudes your child gains help shape the foundation for his future. Although he may suddenly become afraid of a stranger, freeze, or even shriek when one appears, this fear is understandable. Adjusting to strangers is a very difficult skill to master at five months.

Don't let your child's responses discourage you. Let strangers approach him one at a time, until they are no longer strangers but friends. Be sure you or familiar family members stay close if his social behavior is not "working well" with people he doesn't know.



"Bring strangers to me one at a time!"

Small Muscle Development

At five months your child can probably accept one object at a time when it's handed to him, but his grasp may be rather slow and clumsy. Don't be alarmed if he drops more objects than he holds. The strength in his small muscles will build as he grows.

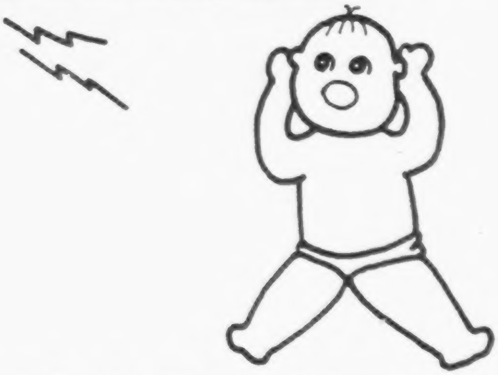
Provide many opportunities for your child to practice the reach-grasp "trick" because this skill is basic to more complicated movements later on.

"This is my reach and grasp trick!"

Language Development

Your child is probably discovering that learning a language is not an easy task, especially when all the words sound alike. One thing is certain: your child will do a lot of practicing in the next few months. Most practice time will be in those few moments just before he drops off to sleep. He'll concentrate on vowel sounds like "ma-ma", "da-da", "na-na", or "bah-bah". It will sound like vocal gymnastics and that's exactly what it is.

Language games are so important at this stage of your infant's development. Repeat the sounds your child makes so he can hear them twice. As he says them back to you he's getting important feedback on how his new language sounds.



"Speak clearly so I can practice the sounds of your words!"

Emotional Development

Do you notice that your child has a lot of energy? At five months, most babies throw a great deal of emotional emergy into everything they do! The kind of "self" your child is developing probably becomes clearer every day. Do you already see streaks of shyness, bold quick temper, pouting? These early emotions are the natural forerunners of adult emotions. Controlling inner emotions will be one of the most difficult tasks your child will be faced with in his journey to adulthood.

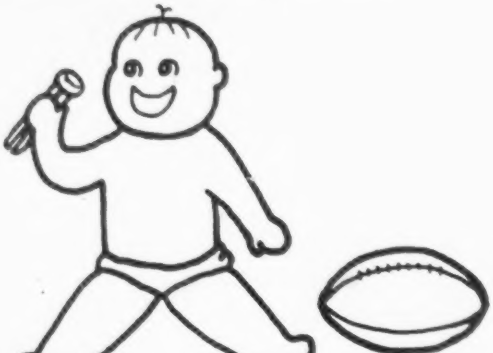
You can help control his emotions by also helping him develop a good sense of humor. The ability to laugh at himself and at life is a precious skill. Teach your child to see the funny side of life very early in the game.

"What can I do with all my energy?"

Large Muscle Development

Although your child may be reaching for things, he probably misjudges the distance most of the time. Do you see him reach for things too far away? Nature will soon help your infant's sense of distance. He will have to wait for that to occur and get use to some frustrations in the meantime.

Give your child an old-fashioned wooden clothespin to play with. This gift is something he will thoroughly enjoy because he can put it in his mouth, pull on it, twist it, move it from hand to hand, and bang it on other objects. Old-fashioned clothespins have all sorts of possibilities.



"I'd rather have an old-fashioned clothespin than a football!"

Human
Development

Manatee County Extension Office
1303 17th Street West
Palmetto, Florida 33561

Cradle Crier: Month Six

Shirley J. O'Brien*

EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

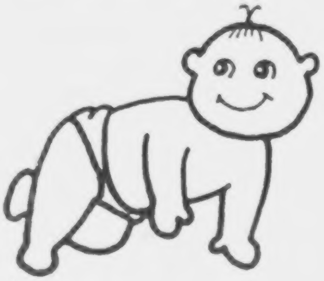
Hello Parents,
Your baby is now six months old!

SIX MONTHS! What a milestone! Think about the growth your baby has made in the first half-year of life. Remember the first time you saw your newborn and wondered how anything could be that small and fragile? However, in the next 180 days you will see more changes in your child's behavior than at any later period of life. The old saying holds true: "Babies don't stay babies very long!"

For twelve years, the Harvard Preschool Project has been studying the behavior differences between well-developed and poorly-developed children. They report differences are related to the way parents handled their children and organized their lives. Parents of well-developed children were less restrictive, good at judging what the children wanted and also able to say "NO" when their children made unreasonable demands.

"My demands are
never unreasonable!"

They understood their child's needs and encouraged development in 3 major ways: **One** — they safety-proofed their home so their child could explore his surroundings and use his natural curiosity. **Two** — they were a "consultant" to the child as he explored his world, got excited, hurt, frustrated and then wanted attention. They tried to identify the source of the child's feelings and "teach" him how to cope with his world. These little one-minute teaching and learning exchanges might happen dozens of times a day. **Three** — they set firm limits and were consistent in their discipline.



"Wow! What a world!"

So, **to help your** child develop fully in the next six months, be a **"helpful consultant"**, a **"creative designer"** of his world, and a **"sensible source"** of authority and discipline.

Mouth and Eye Development

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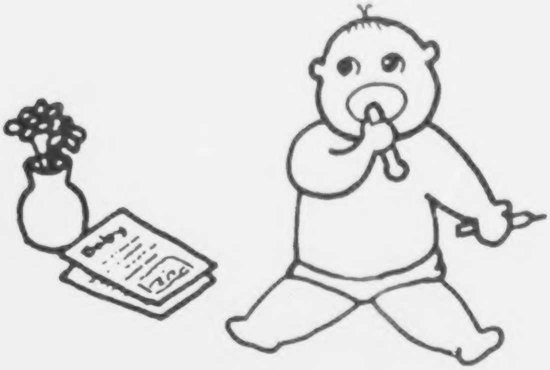
*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611

Recently a mother of a six-month-old infant said: Everything goes in my infant's mouth. She loves to play with magazines and newspapers. Is it harmful for her to chew newspapers? Is the ink and coloring dangerous? Should I try to stop this habit?"

Well, a recent study in Connecticut showed that some brightly printed ads on newspaper and magazine pages contained lead. Too much of this lead, combined with things like dust on the floor and in the air, could cause the first phase of lead poisoning. So, since there are so many things that are safer for your child to chew, perhaps it'd be a good idea to keep magazines and newspapers out of his reach for awhile.

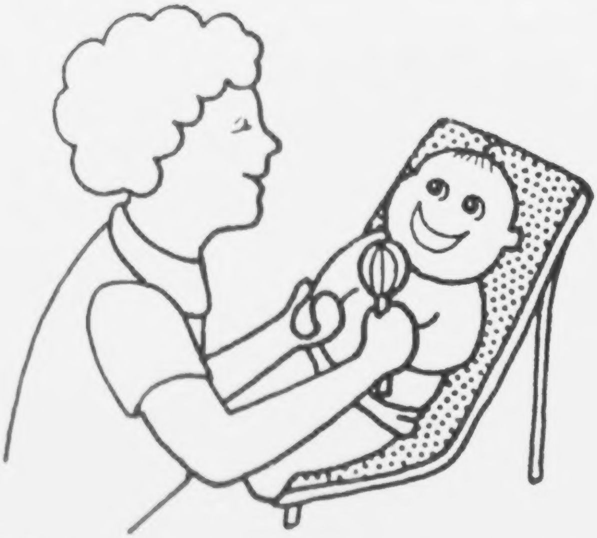


"If I can reach it,
I will eat it!"

Small Muscle Development

Earlier, when your child reached for something he probably had to keep his eyes right on it. Now, after his eyes get him started, he can almost close them or look away and still get what he wants by feel alone. He doesn't need his eyes to guide his hands.

This is a small but important step to master before more complicated tasks can be done. Has your child mastered this task yet?



"Help me get my eye and hand act together... Hand me objects to grab, pull and put in my mouth!"

Language Development

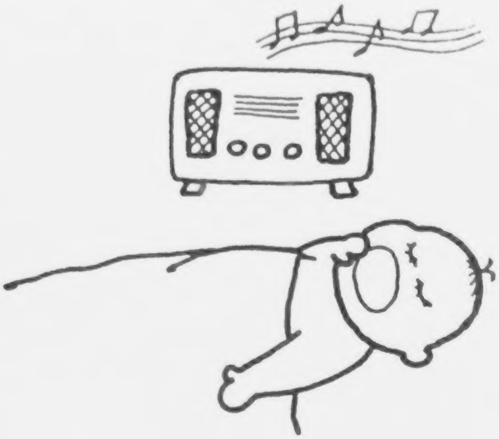
One of the most interesting things your child will discover in the next months will be the connection between his voice and himself. About once a week, your child learns a new sound and thinks squealing it is great fun. In fact, you may observe your child practicing his sounds, or vocalizing, and suddenly let out a squeal, scaring himself enough to cry.

It may seem funny to you. But remember, your child isn't quite sure where all the noise is coming from; he's just beginning to realize that he's the noise-maker!

"Someone
around here is
awfully noisy!"

Social and Emotional Development

Although your child is growing in a social and emotional way, there may be times when he is cranky, restless and tense. How do you quiet him, get him to relax and stop fussing?



" Help me relax!"

Recent research says that steady, monotonous sounds, light, and temperature soothe an upset baby and calm him down enough to get sleep. Try some of these suggestions the next time you don't know how to quiet your child:

1) Rock your baby rhythmically in a cradle, baby buggy, stroller or your arms.
2) Keep the room at an even temperature, neither too cold nor too hot.
3) Turn a light on where you want him to sleep.
4) Sing a gentle melody over and over, play soft, soothing music steadily, or provide some monotonous sound like a fan or motor noise.
5) Wrap your baby in a soft, light blanket or cloth to reduce his random movement and keep him from thrashing about.

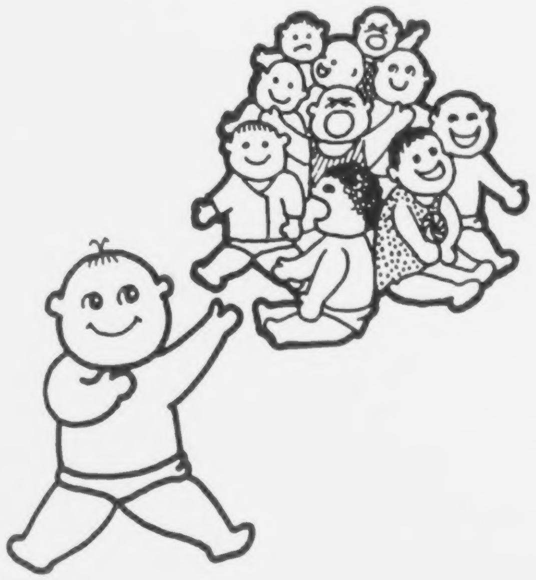
Infants have good and bad days just like adults. Teething, indigestion, and sunburn are physical causes for stress. More "hard to see" reasons for fussiness and crying are uncertainty, sharp noises, fear, and leave-taking of a parent or caretaker. Help your baby relax by trying some of the above suggestions.

Large Muscle Development

At six months, your child may be full of tricks and stomach rolling may be one of them. It can be a lot of fun, unless it's after a big meal. Spit-ups are very common after performing the stomach-rolling trick.

Have you discovered that when you put your infant on a blanket on the floor, he can creep backward and around in circles with just a little forward movement?

Another of his tricks is to lean forward in his infant seat. In fact, your child isn't content to lie back anymore, it may be a safety problem; so watch out for this trick. Even though two infants may be the same age, they grow in different ways and master tricks at different ages. Which means . . .



" I'm different from all the others my age ! "

Your child certainly grows and changes every day, in many ways. CRADLE CRIER only suggests an average rate of growth and change each month. This rate is based on the study of many babies but always remember, YOUR CHILD IS UNIQUE☆ He is different from all others. Be his "consultant" to encourage full development.

Manatee County Extension Office
1303 17th Street West
Palmetto, Florida 33561

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Human Development

Cradle Crier: Month Seven

Shirley J. O'Brien*

EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

Hello Parents,
Your baby is now
seven months old!

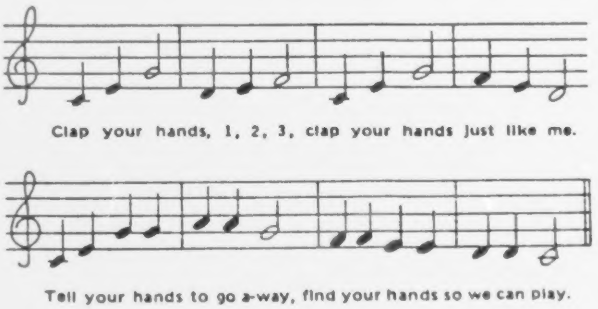
"Play is something
you do with me, not to me!"

A baby learns so much when he does things with his parents. In fact, **PARENTS ARE THE MOST IMPORTANT TEACHERS A CHILD EVER HAS.** Giving your baby good learning experiences is not only an important part of parenting, it's also a lot of fun. Babies of whatever age learn from playing. Play is their "work". At different ages they bring to their "work" different skills and interests, plus a whopping big curiosity about their world. Encouraging your child's natural curiosity is a big job. It's something you do with your child, not to your child.

At this age, hands are very important "work" for your child. He's curious about his own hands, your hands, and sister's hands. Here is an activity to help him develop this curiosity and give him new ideas for future development.

Play a hand clapping game with your baby. Clap his hands together and then hide them under a blanket or handkerchief. Here is a little jingle-song to go with the game:

CLAP YOUR HANDS


Clap your hands, 1, 2, 3, clap your hands just like me.
Tell your hands to go a-way, find your hands so we can play.

If you think your child is ready for this activity, you can help him by taking his hands in yours and showing him how, as well as by letting him watch you clap your hands. Soon he'll be doing it on his own. Discovering that hands are really there even though they are covered up is an important idea for future development.

REMEMBER, PARENTS ARE THE MOST IMPORTANT TEACHERS A CHILD EVER HAS.

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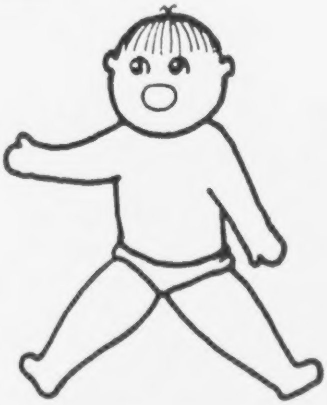
*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor-Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.

Mouth and Eye Development

Is your child gaining control of his world through his eyes? Besides hands, are faces playthings? Do you wonder why your child insists on exploring your nose, mouth, eyes, ears? Babies watch faces, and then try to copy them. In fact, sometimes infants stare at strangers — as if they were trying to memorize their features — and then make funny faces themselves. It may be a bit embarrassing, but this is how a child explores and begins to control his world.

Even very young babies learn to control their parents' behavior through use of their eyes and mouth. For example, you and your baby look at each other. Your baby turns back and sees that he's lost your gaze. He starts fussing and whimpering and you look back at him again. And so the game goes! Babies quickly develop elaborate tricks to hold their parents' attention.



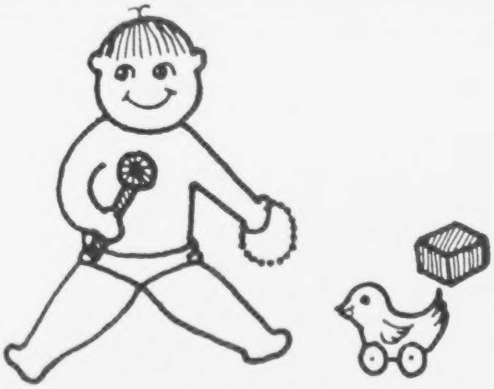
"I like to watch your mouth as you talk to me!"

Small Muscle Development

Your child may be able to accept two small toys at a time. In fact if you hold out two rattles, he may not be able to choose between them, so he grabs them both.

Another small step which may appear any day now is called the "transfer trick". Let's say your child has a favorite toy in one hand and you offer him a new toy near that same hand. The trick is to transfer the old toy from one hand to the other and reach for the new toy.

See if your child has mastered this trick. But, remember, not all babies grow and develop in the same way at the same time. Each child is unique.

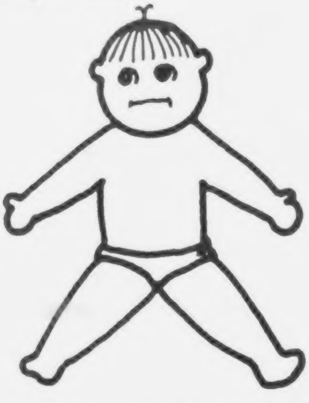


"I take my toys two at the time."

Emotional Development

Help your child understand his emotions by putting them into words for him. For example, talk to your child while you are doing things with him. Say, "Look what Johnny's got! It's a red car. Johnny likes to play with his red car. Johnny likes his toys." Or, "Susie fell down and is crying. Susie feels bad. I'll help you up, Susie."

Understanding your emotions takes a long time, even many years, but the first step toward that goal starts very early in life.



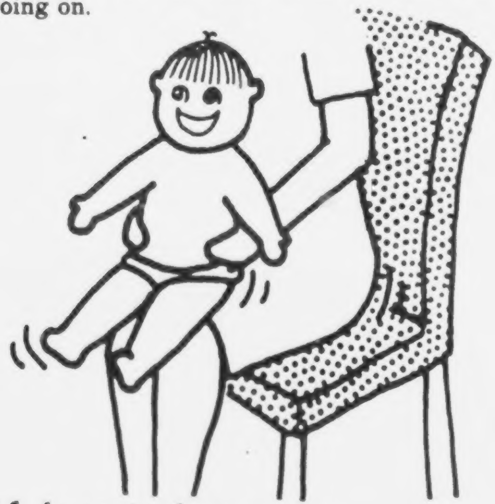
"Talk to me! I like it."

Social Development

In the early 1900's, William James described an infant as a "blooming, buzzing mass of confusion". In those days people thought babies were unfeeling little bodies without organized thoughts or developed senses. They were wrong.

Based on experiments and observations since then, we believe that a baby knows who he is long before he has the language to tell us so. Research in the past 20 years has shown that infants in the first year gain a great deal of information about their world in general and their social world in particular.

Your child can tell strangers from parents and adults from children. Occasionally, your child may thrust out his lower lip and fill his eyes with tears when a stranger comes up unexpectedly. However, for the most part he probably enjoys being handed back and forth from person to person, especially when there are games of peek-a-boo and pattycake going on.

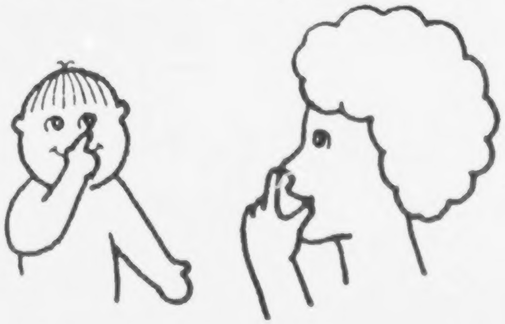


"I love to bounce on someone's knee!"

Language Development

Has your child learned to blow? Does he use his tongue on the roof of his mouth to make a clicking sound? These are two important tricks for good language development. If you make a game of blowing air and clicking your tongue, your child will try to imitate your action. These games are important for future language needs.

Now is also the time to start the "touch and name" game. Touch different parts of your baby's body and name them: "This is Sally's foot." "Here is Sally's nose." "Where are Sally's fingers? Here they are." Touch your own body parts and do the same thing: "Here's Mommy's nose." "Here's Daddy's nose." "Here's Sally's nose."



"I love to play games!"

Your child will develop an awareness of himself and his body, understand the connection between words and objects and action and practice his language all in one game.

Large Muscle Development

Standing up by pulling on furniture or parents' fingers is a proud moment for your child because it opens up many new doors. (Unfortunately, that means real doors, too.) Some children will have mastered this trick by now, others aren't nearly ready for it yet. **EVERY CHILD IS DIFFERENT.** For example, it is often said that wiry babies are more active and develop at a faster rate than fat babies, but this just isn't true.

Your child has a unique timetable programmed somewhere in his or her body and is the only one who can "set off" each new event on that master schedule of growth and development.

"Standing up
or
sitting down,
I'm O.k!"

Human
Development

1303 17th Street West
Palmetto, Florida 33561

Cradle Crier: Month Eight

Shirley J. O'Brien*

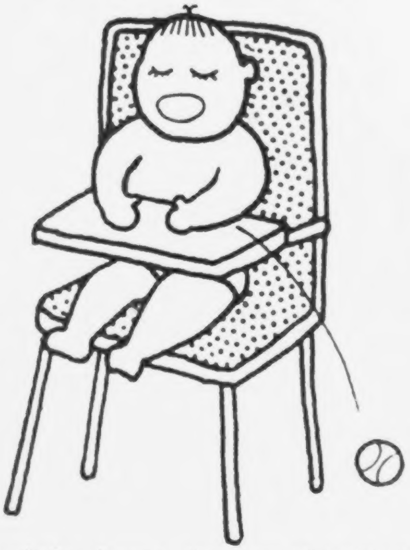
EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

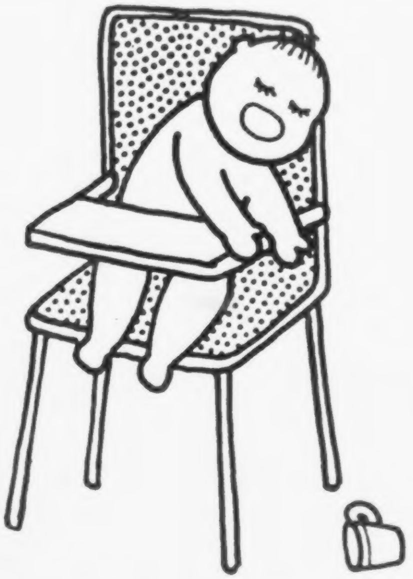
Hello Parents,
Your baby is now
eight months old!

Let's say you're playing tennis and the ball rolls under the fence out of sight. Even though you can't see the ball, you walk outside the court, find it, and continue the game. It's no surprise to you that the ball still exists, even though it disappeared.

Now let's say your 8-month-old is playing with the same tennis ball and it rolls out of his sight. Your child acts as if the ball doesn't exist any longer, or may keep looking at the spot where it disappeared. Typically, babies up to 6 or 8 months won't make an active search for the lost tennis ball. As the old saying goes, "Out of sight, out of mind!"



When a baby learns that out-of-sight objects exist, it is called OBJECT PERMANENCE. A Swiss psychologist, Jean Piaget, studied his own three children and discovered that and many other facts about how infants grow and develop.



"When I learn 'Object Permanence' I can find my cup"

Between 8 and 10 months, your child will often search for an object he sees disappear from view. For example, if his cup falls off his high chair while he's looking at it, he may lean toward the floor to see where it went instead of just staring at the spot where it was. But this may occur when he sees it start moving away. If you suddenly cover the cup with a napkin, he may not try to pick up the covering, even though he's physically able to do so.

By the way, did you ever wonder why "peek-a-boo" is such a fascinating game to your child? Did you ever wonder why your leave-taking upsets your child so much? The answer is that, to the young child, "Out of sight = gone forever!"

Help your child discover the exsitence of out-of-sight objects by hiding toys, covering hands, and letting him search for and find them!

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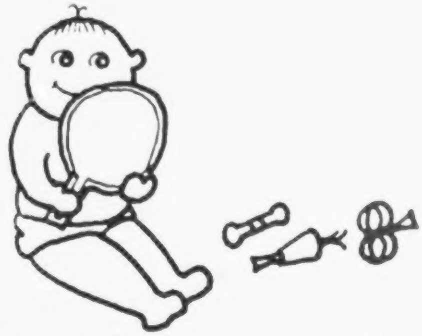
*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.

Mouth and Eye Development

Does your child enjoy "funny-faces" and "funny-noises" almost more than any other activity? If so, keep up the good work! You, or someone in your family, must be singing, face-making, and noise-making to your child and the result is an active, aware, and involved infant. Imitation is one of the most important ways your child develops his mouth and eyes and, of course, learns about his world.

Give your child a mirror so he can study his face! (Be sure the edges aren't sharp and that it won't break if dropped.) He will notice many details. Point out his eyes, nose, mouth and ears. Ask him to point out his own facial features. One word of caution, however, don't expect too much understanding of distance or depth perception yet. In fact, your child may pull the mirror right up to his face and try to eat it! This is all part of his mouth and eye development.

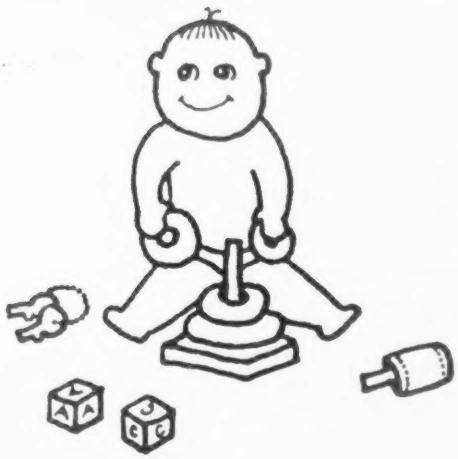


"I love to look at myself in the mirror!"

Small Muscle Development

Your child may be interested in small objects around the house or on you! — buttons on Dad's shirt, earrings hanging from Mom's ears, even a thread hanging from your sleeve.

Perhaps this is the time to take a look at the toys your child plays with. Are they the kind he can push, pull, drop, pick up and chew on? Colorful rings that can be dropped on a pole are great fun. They can be taken off the pole, one at a time, gazed at, tasted, and put back on for hours.



"It's fun to play with rings and things"

Emotional Development

Are there some emotional changes going on at your house?

"Yes, I have been very emotional lately"

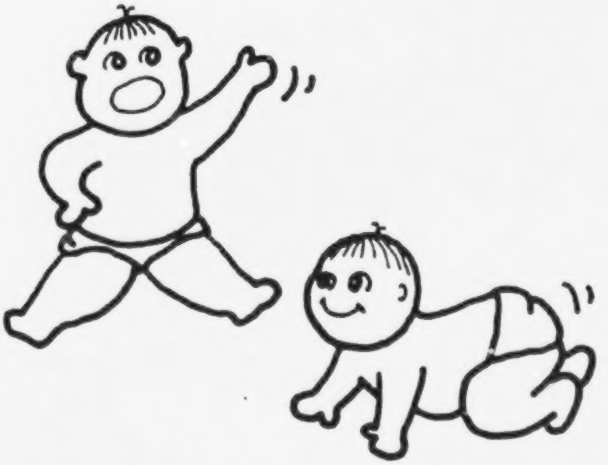
Does your child howl at the sight of strangers? Does he laugh and cry almost at the same time, switching back and forth in an instant? Does he make a fuss if he wants to splash in the bath water and you take him out? If he has a minor bump or bruise, does he sometimes laugh and the next time cry? Does he want company all the time, crying when you leave the room? If so, your child is growing emotionally.

Fortunately, infant emotions come and go quite easily. Big outbursts are quickly forgotten. The important thing is to expect these ups and downs in your child's emotional life and bounce along with them.

Controlling emotions is one of the most difficult skills human beings have to learn.

Large Muscle & Language Development

Talking and walking are important major developments in your child's life. He may try one or the other but not usually both at the same time. So, if your child begins to creep and crawl he may slow up on his language development while he perfects the other, or vice versa.



"I may walk or talk...
creep or beep...
but
I can't do it all
at the same time!"

Some children prefer talking to walking and anytime they're awake they're making noises. Some of the noises are merely squeals and self-invented words but others are the old "mama" and "da-da" standbys.

Other children begin to creep before walking and their language falls behind. It seems that every child creeps in a different way. Some do it backwards, some forwards, even sideways, some creep on hands and knees, on toes and knees, on one knee and one hand, some children rock back and forth without moving an inch — each child does this differently.

Walking and talking take a lot of time and effort. Remember — each child is unique and carries a different "timetable" around in his head. So, give him the freedom and encouragement to develop at his own rate.

Social Development

"I like being me"

"My family says I'm important"

It's not too early to begin to try to make your child feel that he is an important individual. This social accomplishment lasts a lifetime. If you begin early to help your child learn about himself and to feel he is a good person, you give him an excellent foundation for success in life.

Start by using his whole name when he is doing something interesting. "Look at John Paul Jones! He's making a pile of red blocks!" "Susan Kay Smith is very important to our family. She giggles and coos at dinnertime."

Building a good "picture of oneself" starts very early.

Manatee County Extension Office
1303 17th Street West
Palmetto, Florida 33561

HFS-240

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Human Development

Cradle Crier: Month Nine

Shirley J. O'Brien*

EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

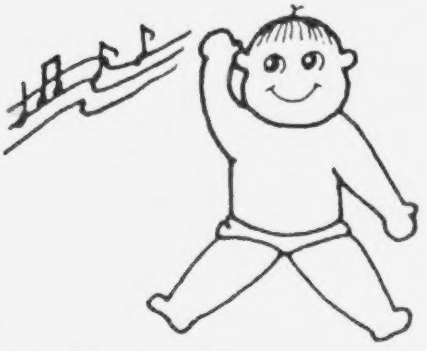
Dear Parents,
Your baby is now nine months old!

How many times have you heard, "I wonder if . . .", "I've just got to find out why . . .", "It will drive me crazy until I know . . ."? Curiosity is a basic human emotion, an inner driving force. Some of us have more of it than others. We do things because of it (or in spite of it) every day. Many times it keeps us going when others have long since quit.

"Curious" researchers who have studied young children report that curiosity is important for success in the early school years. The child who is aware of and interested in his environment will observe and learn from it.

HOW CAN YOU HELP YOUR CHILD DEVELOP CURIOSITY ABOUT HIS WORLD? Research reports the first year is very important in laying the foundation for lifetime curiosity. Here are some "sense-able" suggestions that you can begin working on right now:

EARS: Let him listen to MUSIC on the radio or children's records/tapes. Make a "chime" mobile that will catch the breeze. TALK and SING to your child.



EYES: Surround him with bright, moving colors in his toys, room, clothing. Hang mobiles over the crib or bath — change these often.

TOUCH: Give him many textures — soft, hard, smooth, rough. (Make a toy, blanket or ball from scraps of fabric — velvet, corduroy, silk.) Touch him and let him touch your skin, hair, clothing.

TASTE: Let him try foods that are really different and delicious. Make up your own concoctions and let him try them.

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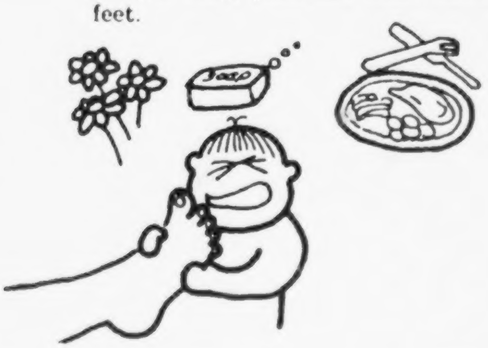
*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.

SMELL: Give him many chances to smell things: soap, perfume, food, flowers, feet.

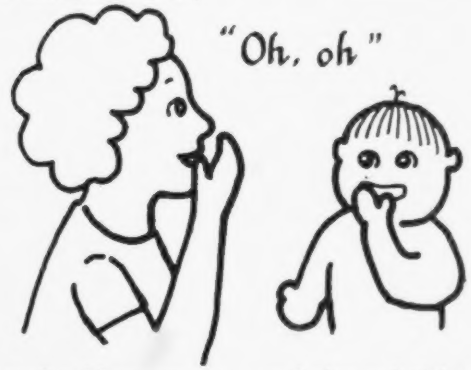


The child who's curious is a child who's learning. Because our world is changing so rapidly, curiosity about the environment will always be an important, life-long asset.

Mouth and Eye Development

Everyone has his own way of gesturing, talking, walking and eating. We all have a different style which makes the world a more interesting place. However, your infant isn't born with a style, it slowly develops as he grows into adulthood. So, at the beginning of life, imitation is the way your baby begins to understand himself and his world.

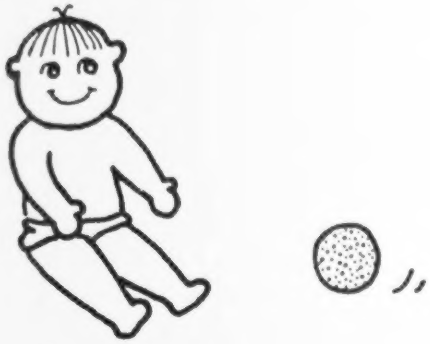
Have you ever put your hand to your mouth, raised your eyebrows, and said "Oh-oh!", only to hear a tiny "oh-oh!" in the background and see a small hand over the mouth in exact imitation? (Raising the eyebrows is very difficult because it involves small muscle control.)



You should encourage your baby to imitiate "eye-hand" actions. Especially the actions he can see himself do, like clapping hands, patting the high chair, or batting the [illegible]

Small Muscle Development

After your child learns to grab and hold onto objects, he'll discover the "thrill" of dropping or throwing them on purpose.



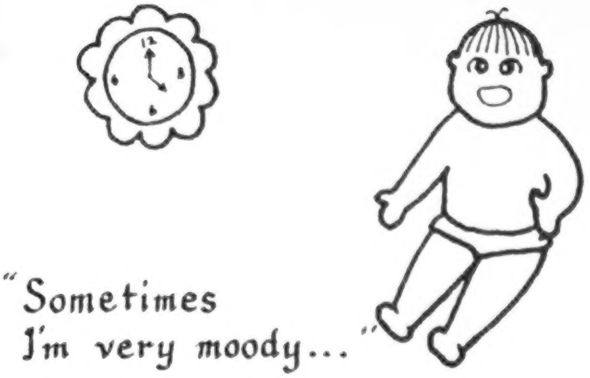
"Oh, How I love this game!"

You may soon tire of this new trick and begin to feel like the retriever-dog that chases endless sticks! But, put yourself in your child's place for a moment. He has just discovered that hands can do wonderful things and he wants to practice those tricks until he gets them just right. If you observe your child closely you'll notice that each time he drops or throws the toy he is amazed and delighted when you retrieve it. The idea of object permanence (as discussed in CRADLE CRIER #8) is slowly developing.

A foam rubber ball covered with a washable fabric is a good throwing and dropping toy for those indoor "tricks".

Social & Emotional Development

Your baby's behavior is your cue as to the best ways to play with him. Try to get a feeling for the kind of mood he's in, and learn what his different responses mean. In other words, let your baby "help" you decide "what" and "how" to play.


"Sometimes I'm very moody..."

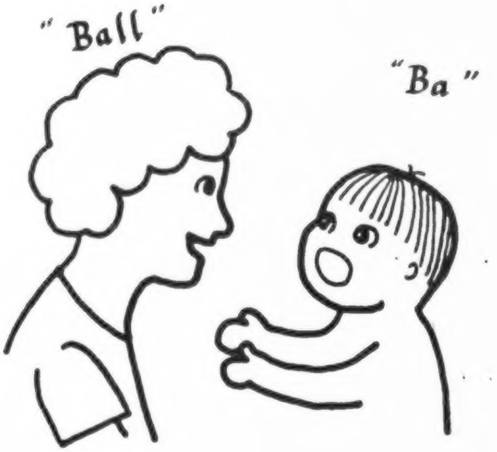
For example, if your little girl is working hard to put a handkerchief over her face after you pull it off, you know she wants to play peek-a-boo. Or, when she acts tired and fussy, she might enjoy singing or looking at a book rather than continuing to play with blocks.

We all have loud and expressive, quiet and passive moods and your child's no different. Changing toys and activities to fit the mood is a very subtle parenting skill but happier, better-adjusted babies are the pleasant result.

Language Development

Let your child watch the shape of your mouth as you talk to him and make "his" sounds. Repeat and encourage his first vowel sounds, such as "ah-ah, oo-oo, ah-goo".

Next, teach him consonant sounds, like "da-da, ma-ma, ba-ba". Again, make sure that he is looking at you while you are doing it. A good time for this language learning is during diapering or after he's been fed — but never when he's hungry or tired.



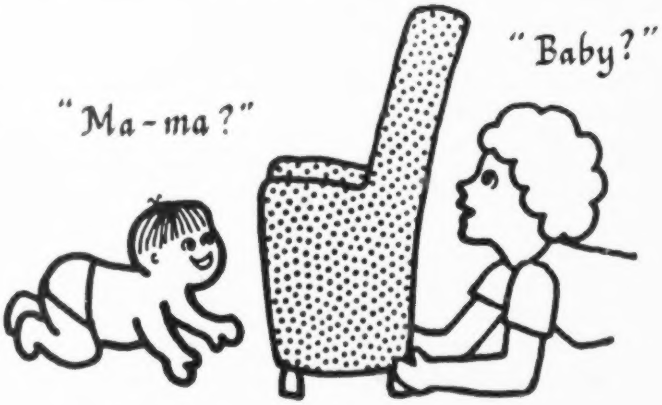
When your child has learned a lot of vowel and consonant sounds, start to team up these sounds with familiar objects or people. For example, pick up a ball and say "ball". He will probably imitate you and say "ba", not being able to complete the consonant sound. Carry him around, letting him touch different objects and letting him watch your mouth as you say their names.

Relax. Make it fun. Don't insist that he learn all these sounds in a short time, or it may stop being fun.

Large Muscle Development

Now that your child is in the "creepy-crawly" stage, there's a new way to play peek-a-boo that's always great fun.

This game encourages your child's large muscle development as well as your own! Get down on your hands and knees on the floor and hide behind the sofa or chair. Let your baby come and find you. Be sure you call to him from your hiding place. At first you must let him actually see you moving to your hiding place, but later on your child will be able to find you just by hearing your call.



By the way, while you are on the floor, try some chase games and ball games. These are always fun to play and will give your baby a chance to practice his new "sensory" skills.

Reward your child with smiles or loving words when he succeeds, OR when he keeps trying again and again. This encouragement adds to his good feelings about himself. (A baby's self-concept starts to form very early!)

Human
Development

Cradle Crier: Month Ten

Shirley J. O'Brien*

EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

Dear Parents,
Your baby is now
ten months old!

Can you remember your first experience with books? Do you enjoy a quiet hour or two with a good book? Do you love to read? If you have good feelings about reading now, you probably had some good experiences with books and reading earlier in your life. No matter what your feelings about books, you'll probably agree that success in school and in later life depends on good reading skills.

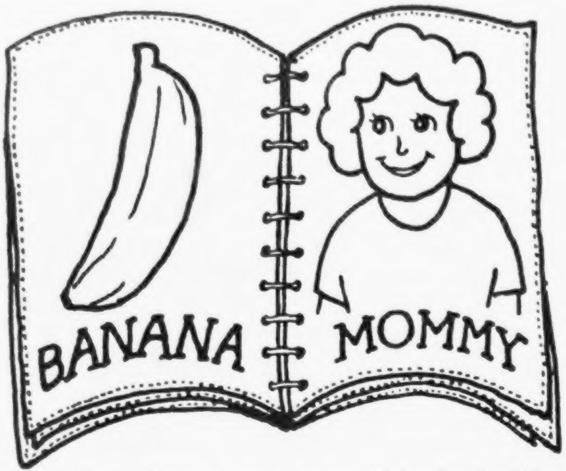
You can introduce your baby to books by making him one from cloth and playing with it together. This book can also help your child develop his small muscles, curiosity and senses.

Here is how you can make BABY'S FIRST BOOK.

(1) Cut sturdy fabric into 8×12 inch pieces.
(2) Bind the pieces together by sewing machine or yarn.
(3) On each page put a large, colorful picture of a single object that is familiar to your baby and a single word or phrase below in large capital letters describing the picture.

Here are some suggestions:

(a) A picture of "**BABY**", with a small mirror in place of the face for your baby to see himself.
(b) Drawings or photos of family members.
(c) A picture of your baby's favorite food with some kind of flavoring rubbed into it.
(d) A picture of your baby's favorite toy made from material similar to the toy.
(e) A picture of plants or flowers like ones that grow in or near your home.



(f) A bunny made from "fake fur" with a "cotton-tail".
(g) A shoe made from leather (you might punch holes and string a lace through the shoe.)
(h) A squeak toy or buzzer gimmick (novelty shop).

Once the book has been made, take time to sit down and experience it together. Let your child turn the pages, stop when he chooses and explore what's on each page. Talk to your child in a simple way, "Look, Sally, that's Daddy. Feel his beard!"

If you have neither the time, the skill or motivation to make as complex a book as described here, you could cut pictures from magazines and paste them on cardboard pages. Join the pages by yarn, string, shoelaces. (Grandparents or other relatives may want to make a BABY'S FIRST BOOK, too.)

If your time is even more limited, remember it is more important to spend what time you have loving and playing with your baby than making materials for him.

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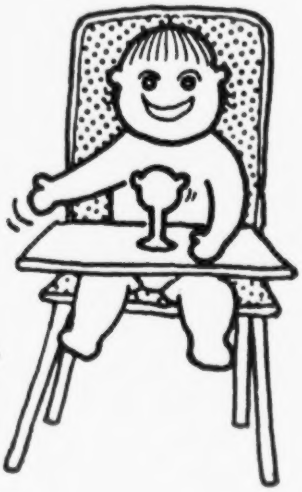
*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor-Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.

Mouth and Eye Development

Have you noticed that when your child is trying to do something difficult, he moves his mouth? You've probably done the same thing when attaching hooks and eyes, threading a tiny needle or hammering a nail. Your child is practicing his mouth and eye coordination even though the mouth business is just a back-up system.

You can give your child more practice by putting a rubber suction toy on the table in front of him. Choose one that makes a sound when you hit it. Show him what happens when you do. Can he set it in motion? Can he make it "talk" when he hits it?



"I can make it talk to me!"

Small Muscle Development

Some of the best advice about toilet training in your baby's first year is: don't try! Neither the baby's mind nor his small muscles have developed enough to control something like a bowel movement. His second year is time enough to start testing those muscles. Keeping dry may even come later.

Babies almost train themselves, doctors say, once they can control the muscles involved. About the same time, they discover that going to the toilet is not only a custom but also a comfort. Don't worry now about toilet training.

"I'll learn how... someday..."

Social Development

Does your child horn in on every conversation and laugh gustily, whether he's in on the joke or not? Does he cry if you're upset with him? Does he shyly hang his head if he thinks you are making fun of him? Does he show how sensitive he is and how much he wants to be the center of attention?

Your child sees and understands so much more of what is happening around him than he is able to express. No wonder the world is a pretty terrifying place at times.

Sometimes, babies need a little more time to study people and things around them as they grow older. A slower pace doesn't hurt Mom or Dad either!

"Wow! This world is too much for me. sometimes!"

Language Development

Your child is unique and has his or her own timetable of events. Only your child holds the "program" and you just have to wait for his "happenings" as they occur. The speed at which children develop seems most noticeable in their first language attempts. Some children say their first real word at nine months, some wait a year and a half.

Whenever this event occurs, be sure to show enthusiasm. Reward your baby's efforts to use a word. Make him feel extremely proud of his first words. Give him a smile or hug to show him how happy you are. If his attempts are not appreciated, he will not try very hard to learn new words.

"There are so many things to learn!"

Emotional Development

Does it seem as if your child deliberately teases sometimes? Has he ever headed straight for a wastebasket to upset it, making sure you notice? Does he reach for your glasses, almost waiting in mid-air to hear "NO, NO?"

At such moments you find yourself joining the age-old dilemma of parenthood, wondering when to stop the child and when to laugh and enjoy his success; when to encourage and when to forbid.

Your child is testing his emotions and yours. He is experimenting to see just where his limits lie. It's all a painful part of the growth process that will be repeated again in the teen years.

The whole question of teaching children to behave has always been a challenge to parents. It's not so much a matter of making your baby mind as it is a process of making it easy for him to do the right thing.

Large Muscle Development

So many factors enter into the age your baby walks: his weight; temperment whether he is active and aggressive or timid and passive; and his general rate of development (the speed at which his bones, muscles and ligaments mature).

Most children keep the same pace in their growth. Yours may be the first (or last) on the block to do everything, others take their time. There's really not much you can do to hurry (or slow) his growth.

However, it is always a good idea to help your child exercise his large muscles freely, to kick, splash in the bath, wiggle toes, stretch and roll over.

"I love to kick and splash!"

HFS 242

MANATEE COUNTY EXTENSION OFFICE
1303 17th STREET WEST
PALMETTO, FLORIDA 33561

Human Development

Cradle Crier: Month Eleven

Shirley J. O'Brien*

EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

Dear Parents,
Your baby is now eleven months old!

He's into everything, poking, dumping, licking, squeezing, tossing, climbing. He's choosy about his food, pours his milk and cereal on the table and then splashes in it! **HOW DO I MAKE HIM MIND! IS HE TOO YOUNG TO UNDERSTAND? WHEN DO I START TO DISCIPLINE HIM?"**

These are important questions.

You just can't separate discipline from the business of living. The relationship between the two of you is the outgrowth of everything that you do for him and with him. And it's from this relationship that good discipline springs. Your child grows to love and trust you; he wants to please you and behave to suit you. So at this age you've got to **make it easy for him to do the right thing.**

"HOW DO I MAKE IT EASY FOR MY CHILD TO BE GOOD?" Well, try not to ask too much of him! Remember, when he sees something bright and pretty, he learns by feeling and tasting it. Looking tells him little.

Give your child simple toys and safe places to play. Try to avoid situations where you must constantly pull him from the brink of disaster. Handle dangerous situations quickly and firmly. Pick him up and take him elsewhere. Give him words like "hot", "tastes bad", "stop", rather than a flat "no". He'll learn from your face and voice as well as your words.

Teach your child what is dangerous and harmful without punishing him for his natural curiosity.

BE PATIENT, GENTLE AND UNDERSTANDING BUT KEEP SHOWING HIM WHAT YOU EXPECT. If you recognize and accept some behavior as part of babyhood you're using good discipline.

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*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor-Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.

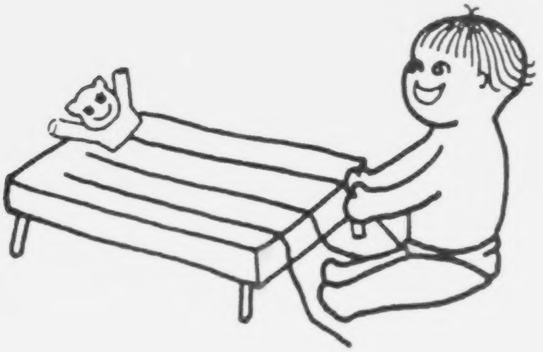
Mouth, Eye & Small Muscle Development

You can help your child practice his "reach, grasp, retrieve, put-in-the-mouth" trick by playing "pull-the-toy-on-the-end-of-the-string". This activity also helps your child develop some problem solving skill.

You'll need three pieces of string, each a couple of feet long, a favorite toy (something lightweight), and a long table. Tie the end of one string to your baby's toy. Then line all three strings up on the table parallel to each other. All of the ends should be close to the edge of the table. Show your baby how to pull a string toward him and let him play with the strings in any way he chooses.

If he pulls the one with the toy, say "Oh look! That one has a toy!" or "No toy on this one!"

If your child masters this trick and begins to tire of the game, add some variations: cover the toy and strings with a cloth, color code the string that has the toy, change the toys location, or add other toys to the ends of the strings.



"This is the toy-at-the-end-of-the-string game!"

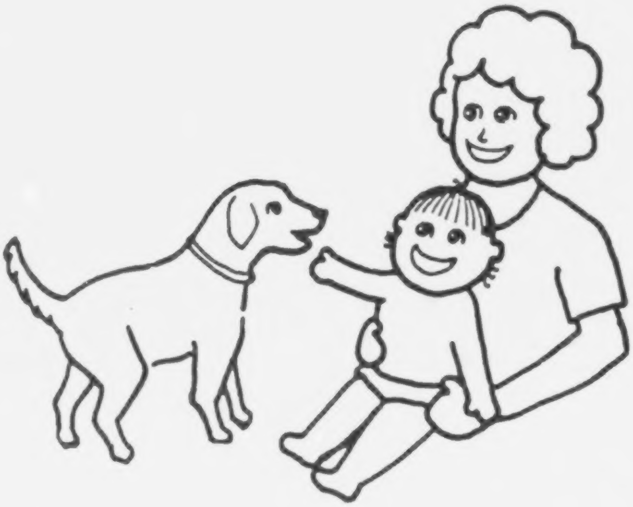
Social Development

Your child learns his social behavior by imitating those around him. You can make use of this fact by playing "copycat". Start the game by copying whatever your child is doing at the time. See if he'll copy you.

Here are some suggestions for "social copycats."

(1) Play pat-a-cake.
(2) Make a funny face.
(3) Wave bye-bye and say the words.
(4) Open and close your eyes and mouth.
(5) Move your head from side to side, up and down.
(6) Pretend to drink from a cup and eat from a spoon.
(7) Get on your hands and knees and crawl and creep.
(8) Make sounds like whistles, kisses, singing, nursery rhymes.

Imitating someone else's behavior is a difficult skill. It's just about as difficult as putting yourself in someone else's shoes. However, you'll agree it's important to develop this skill for good lifetime relationships.



"Let's play copy-cat"

Language Development

In those quiet moments just before sleep, your child will practice his language and imitations. From a distance, it will sound like a normal but rather one-sided conversation. However, listen more carefully and you'll hear the usual babbling and gibberish.

Your child may use the pattern, tone, and ups and downs of language long before the actual words.

There are two opposing ideas about how children learn a language. One group of researchers say children learn by imitation only. They play with a car, hear the word "car", and then try to say "ca". They are hugged by a family member who says "car" and so the pattern repeats itself.

Another group of researchers insist that children have a language timetable in their heads just waiting for the right age, muscle development, and "car" to come together. They report that often children say things that have never been said in their presence before. Thus, language can't be all imitiation.

If he could, your child would probably tell you that he learns by using both methods and several more, "to boot"! (Too bad he can't tell the researchers!)

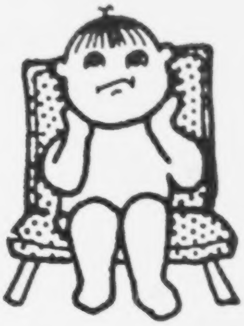
Emotional Development

Webster's Dictionary says that to pout is to thrust out the lips, as in sulliness or displeasure, hence, to sulk.

Do you think your child has read the dictionary? Where has he seen this behavior to imitiate it so perfectly? Do children have built-in pouting skills?

The mystery may remain unsolved. But what matters is that pouting is alive and well in very young children. You may choose to ignore it, tease it, or love it out of your child.

Whatever you decide, remember that your infant's emotions come and go easily. Most pouts are soon forgotten. As your baby grows he will take on many of the habits of the family. Seeing both the good and the bad "in miniature" will require patience and understanding of all family members.

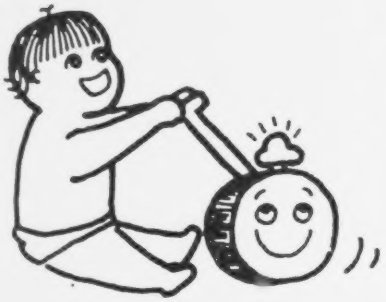


"I learned how to pout
a long time ago..."

Large Muscle Development

As you choose toys for your baby, think about his newest "trick" or accomplishment.

Cause-and-effect toys can be used in many different ways. They encourage large muscle development. Put rice, beans or pebbles in a sealed container. Your child will shake that container again and again because he's curious to find out what's inside causing that noise. The pull-toy that shakes, rattles or squeaks as it's pulled encourages action and curiosity.



"This is my cause-and-effect toy!"

"It rolls, it rattles, it rings and dings!"

Be sure to check toys for safety. Are there detachable parts that could be swallowed? Could it break into sharp or splintered pieces? Is the paint non-toxic? Are there points that could injure your child's eyes or nose? Will it hold up a long time under rough treatment?

Pick out toys that encourage action! Be sure to keep playthings suitable for your child's level of learning and development. Be a label reader. Look for age recommendations, such as "not recommended for children under one." Look for other safety labels including: "Non-toxic" on painted toys; "Flame retardant/flame resistant" on fabric products; and "washable/hygenic materials" on stuffed toys and dolls.

Protecting your child from unsafe toys is a big responsibility. Careful toy selection and proper supervision as he plays is still — and always will be — the best way to protect him from a toy-related injury.

[illegible]
1303 17th Street West
Palmetto, Florida 33561

Human Development

Cradle Crier: Month Twelve

Shirley J. O'Brien*

EHE FACT SHEET

Florida Cooperative Extension Service / Institute of Food and Agricultural Sciences / University of Florida / John T. Woeste, Dean

Congratulations to Mom,
Congratulations to Dad,
Happy Birthday, Dear one-year-old, You've made it, you have!

A year ago, **CRADLE CRIER** asked: "Are there times when you wonder if you will survive the next few days?" Not only have you survived, you have helped a tiny fragile newborn become a rollicking, romping child. Congratulations! However, the responsibility for your child's all around development doesn't stop at twelve months. In fact, you've only just begun!

Do you ever wonder what your child really needs in order to become everything he has the capacity to be? There are some basic needs all humans must satisfy in order to be successful in life:

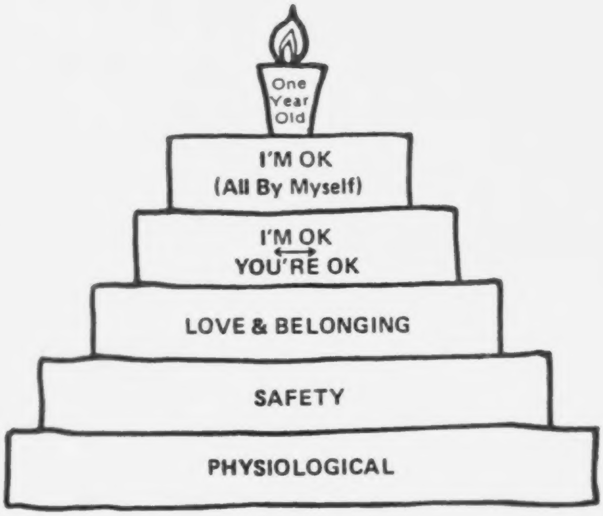
1. PHYSIOLOGICAL Needs — Sleep, hunger, thirst. These needs have motivated your infant most directly until now. If your child is hungry or tired he won't be very interested in playing learning games.

2. SAFETY Needs — Your child must feel free from danger and physical harm. He needs a secure, stable, consistent environment with routine events and familiar faces in order to develop a sense of trust. These needs must be met before he can move on to the next level.

2. LOVE AND BELONGING Needs — If your child has physiological safety needs met, love and belonging needs will emerge. He will give love and want to be loved by others. he'll feel a member of a group (your family). He'll discover real love must be given in order to be received; it requires honesty, trust, unselfishness, commitment, and it must be unconditional.

4. ESTEEM Needs — I'm Okay ⟷ You're Okay. If your child has been able to love and be loved by another he can proceed to the next level. Esteem needs are equally divided into self respect from others or the feeling: I'm Okay ⟷ You're Okay.

5. SELF—ACTUALIZATION Needs — This is the life-long process of becoming everything your child had the capacity to be. This need is difficult to satisfy because even when his lower needs are met it still requires a very strong belief-in-self.



"I'm on top of it all", is a goal we work toward all our lives.

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*Shirley J. O'Brien is Human Development Specialist, University of Arizona. This material has been reviewed for use in Florida by Evelyn A. Rooks, Assistant Professor-Extension Specialist in Human Development, Department of Home Economics, Institute of Food and Agricultural Sciences, University of Florida, Gainesville, FL 32611.

Mouth and Eye Development

At the end of the first year, your child is probably pretty good at aiming his mouth at the cup, spoon, or bottle. If he sees it coming he'll open wide and then begin to chew or swallow. Remember a year ago? The eating process was only a reflex. Now, taking in or spitting out food is under his control. (Sometimes, you may still wish it was only a reflex!)

CRADLE CRIER reminds you that your child is unique and different from all other babies. Each month **CRADLE CRIER** presents developmental steps but they are only suggestions of the order in which "tricks" may occur. In other words, infants accomplish skills in the same order but at different ages.

Have you ever watched participants in an "Anything Goes" obstacle race?" There is a precise order for the event. Most of the "athletes" proceed in the same order but for a variety of reasons some reach the goal first. Others lag far behind. Almost all participants end up sooner or later at the same goal line, though. This same idea is true for your child's development.

If you call, "Where is kitty?" or "Where is the ball?" does your child look in the accompanied place?

"Kee-kee?"

Does he also point his finger and make an appropriate noise? Some children can "get this act together" by the end of their first year but others can only do one thing at a time. Remember, each child has his own special timetable for events.

Small and Large Muscle Development

If you can stand the noise and the mess, one of the best places for your baby to play is in the kitchen. Set aside a low shelf or drawer with things in it you don't mind your baby taking out. Let him entertain himself. You can keep an eye on him while getting meals ready and he can practice using his small and large muscles.

Here are some things he may want to do:

(1) Wave measuring spoons in the air like he waves his rattles.

(2) Bang pots together or bang spoons inside the pots.

(3) Put smaller pots inside larger pots.

(4) Dump beans or macaroni back and forth between pans, cups, bottles, and boxes.

(5) Put measuring cups inside each other.

REMEMBER TO JOIN YOUR BABY IN PLAY EVERY ONCE IN A WHILE. TALK TO HIM. GIVE HIM WORDS FOR HIS ACTIONS. SAY: "JIMMY IS BANGING THE PAN ON THE FLOOR!" "SUSIE IS MAKING A VERY BIG NOISE!" "JERRY IS PUTTING ONE POT INSIDE OF ANOTHER POT."

CONSTANTLY SHOW YOUR CHILD NEW AND DIFFERENT THINGS TO DO WITH HIS "TOYS".

"I love to help the cook"

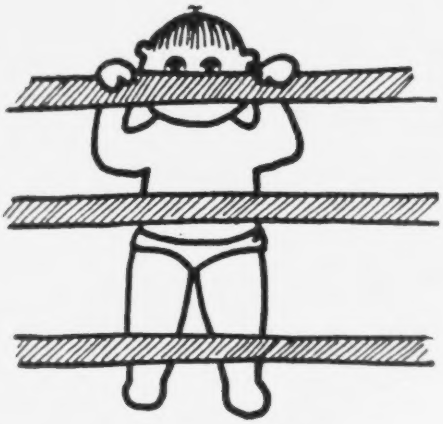
Social Development

No baby can feel secure in a place where things are always changing. When you carry out routines much the same way each day and use the same words for familiar objects, it helps your child settle snugly and happily into his environment.

Emotional Development

Even though your child needs feelings of safety and routine, things should happen naturally around your house. It's good for your baby to be with adults who show a natural range of emotions. Obvioulsy, you can't be entertaining and happy all of the time. Control your more negative feelings but don't try to completely "hide" them from your child.

Your child is now old enough to learn to sense when people are displeased or upset with him. This is the way he begins to understand uncomfortable or unhappy feelings. He will be learning to control or express these feelings in ways that are "all right".



"Hey! What's going on around here?"

Each family is different. What is a natural atmosphere in one home is chaos in another. However, consistency is the key. If your child knows the rhythm and movement of the family emotions he can adjust and still feel safe.

Language Development

Your child's first words may be one-word puzzles for you to figure out. He may say "go" but he may mean "where did Daddy go?" or "I want to go in the car." With one word he is trying to tell you a complete thought.

Help him to combine gestures with his single words to make himself more understandable.

He will gradually associate words with the correct object, feeling, action, or activity they represent.

"I learned the word "go". because I love to go!"

By the end of this first year your baby has developed a personality all his own. He's a full-fledged member of your family. It's hard to do much without his insisting that he be in on it too! He's quite a handful in more ways than his size.

WE HOPE THAT CRADLE CRIER HAS GIVEN YOU HELPFUL SUGGESTIONS AND USEFUL HINTS ON "HELPING YOUR HANDFUL" TO BECOME EVERYTHING HE HAS THE CAPACITY TO BE.

APPENDIX V

A COMPARISON OF THE AUTHOR-DESIGNED PRE/POST-TEST

Participants	Pre-test Score	Post-Test Score	Gains
1	16	25	+ 9
2	19	25	+ 6
3	18	25	+ 7
4	15	25	+10
5	11	25	+14
6	15	25	+10
7	19	25	+ 6
8	15	25	+10
9	19	25	+ 6
10	19	25	+ 6
11	18	25	+ 7
12	19	25	+ 6
13	18	Moved	No data
14	16	25	+ 9
15	17	Moved	No data
16	15	25	+10
17	18	25	+ 7
18	19	Moved	No data
19	5	10*	+ 5
20	18	25	+ 7

*Revised version of test included 10 items.
Pre-test Mean = 19.35

APPENDIX W

ANALYSIS OF PARENTING EVALUATION SURVEY QUESTIONS

	Strengths	Weaknesses
PARENTING SKILLS:	#4. I understand how to provide safety precautions for my baby.	#3. I am more confident in my parenting abilities.
	#5. I will be better able to stimulate my baby's intellectual, physical, language, and emotional growth and development.	
PROGRAM MATERIALS:	#10. Provided meaningful and relevant information.	#6. Were easy to understand.
PARENT RESOURCE VOLUNTEER:	#12. Communicate clearly.	#14. Used a variety of activities.
	#13. Was enthusiastic.	
WORKSHOP ORGANIZATION:	#18. Consultants were used effectively.	#16. There was sufficient class time to cover the material.
	#19. There was adequate opportunity to interact with the instructor and participants.	

APPENDIX X

RECOMMENDED AUDIO-VISUAL MATERIALS

Videotapes:

- "Bathing Your Baby--A Touch of Love"
- "Falling in Love with your Baby--The Importance of Touch"
- "Tender Loving Care: Parenting the Newborn"

Address: Johnson & Johnson
Grandview Road
Skillman, NJ 08558

Slide Presentations:

- "Smoking and Pregnancy"

Address: American Lung Assoc.
Main Office
2300 Euclid Avenue
Ft. Myers, FL 33901

- "Inside My Mom--Nutrition During Pregnancy"

Address: National Foundation/
March of Dimes
1275 Mamaroneck Avenue
White Plains, NY 10605

- "Preparing your Baby's Formula"
- "Feeding in the First Year"

Address: Ross Laboratories
Columbus, OH 43216

APPENDIX Y

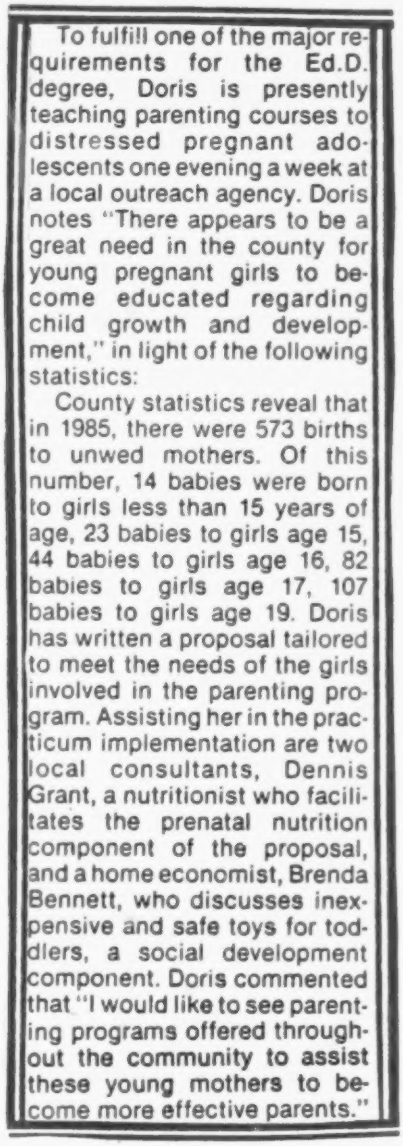
FAMILY PLANNING METHODS

BENEFITS	RISKS	SIDE EFFECTS AND DISADVANTAGES
The Pill - 99% effective if used properly - No relations to sex - Privacy not necessary to use - Easy to take - Can regulate periods - No equipment necessary except pill	- Weight gain - Vaginal spotting or bleeding - Breast tenderness - Nausea - Warnings (If any of these occur, call or return to clinic): A-Abdominal Pain C-Chest Pain H-Headaches E-Eye or Visual Problems S-Severe Leg Pains	- Pregnancy - Blood clots, phlebitis - Heart attacks - Visual problems - Liver problems - More prone to yeast infections - Increased risk of heart problems in smokers - Increased risk of heart problems in women over age 40
Intrauterine Device - 97% effective if used properly - No relation to sex - During sex, not felt by either partner - Requires little attention	- Pregnancy - Perforation of uterus - Increase in infections - Increase in bleeding - Lost IUD - It is a foreign body and can be expelled	- Can not be used by all women - May cause cramps - Bleeding or spotting - Periods may be heavier - Warnings (If any of these occur, call or return to clinic): A-Abdominal Pain B-Bleeding C-Chills, Fever D-Discharge

BENEFITS	RISKS	SIDE EFFECTS AND DISADVANTAGES
Condom: - Can aid in prevention of spread of V.D. - 90% effective is used properly - Rare side effects - Gives male an opportunity to participate in birth control	- Pregnancy - Can break	-------------------
Foam: - 97% effective if used properly - No prescription needed - Inexpensive - Can serve as vaginal lubricant	- Pregnancy - Allergic reaction to male or female	- Messy - Must be inserted just prior to sex
Diaphragm: - 97% effective if used properly - No serious side effects - Can be used during period - Lowers incidence of V.D.	- Pregnancy - Allergic reactions	- If patient gains or loses weight, it has to be re-fitted - Has to be inserted prior to sex - Must be cleaned and inspected after each use
Natural: - No drugs or artificial means used - Uses woman's menstrual cycle to determine time of infertility/ fertility	- Pregnancy, particularly if cycle becomes irregular	- Requires careful attention and understanding of menstrual cycle - Withdrawal if used on male's part is not always sexually satisfying

APPENDIX Z

NEWSPAPER ARTICLE ABOUT PRACTICUM PROJECT BY C. S. WILLIAMS, THE BULLETIN, SARASOTA, FLORIDA



To fulfill one of the major requirements for the Ed.D. degree, Doris is presently teaching parenting courses to distressed pregnant adolescents one evening a week at a local outreach agency. Doris notes "There appears to be a great need in the county for young pregnant girls to become educated regarding child growth and development," in light of the following statistics:

County statistics reveal that in 1985, there were 573 births to unwed mothers. Of this number, 14 babies were born to girls less than 15 years of age, 23 babies to girls age 15, 44 babies to girls age 16, 82 babies to girls age 17, 107 babies to girls age 19. Doris has written a proposal tailored to meet the needs of the girls involved in the parenting program. Assisting her in the practicum implementation are two local consultants, Dennis Grant, a nutritionist who facilitates the prenatal nutrition component of the proposal, and a home economist, Brenda Bennett, who discusses inexpensive and safe toys for toddlers, a social development component. Doris commented that "I would like to see parenting programs offered throughout the community to assist these young mothers to become more effective parents."